



## Thoracic Surgery Residents Association (TSRA) Associate Membership Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Designation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Current Year of Training: \_\_\_\_\_

Expected Year of Completion/Graduation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Area of study (check one):

General Surgery Resident who has matched into an ACGME-accredited Thoracic Surgery Residency Program  
(please list Thoracic Surgery program below)

\_\_\_\_\_

General Surgery Resident

International Resident Training in Thoracic Surgery

Cardiology Fellow

Please include a statement of interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please e-mail this form to Jessica Luc at [jessicagyluc@gmail.com](mailto:jessicagyluc@gmail.com), TSRA Membership Committee Chair.