

Free IASLC Membership 2012 – For Fellowship Status

Dues for 2012 are complimentary for Clinical Fellows. Please follow the instructions listed below, to complete this form. A separate verification of your current fellowship status along with term date must be submitted with this form. Fellowship status is available for 2 years maximum.

IASLC 2012 annual dues:.....	US\$	Complimentary
Voluntary contribution:.....	US\$	_____
Total.....	US\$	_____

Member Details: PLEASE PRINT CLEARLY OR TYPE INFORMATION (*) indicates required fields

Last/Family Name* _____ First/Given Name* _____

Gender*: _____ Male _____ Female Date of Birth: _____

Title*: (Dr/Mr/Ms, etc.) _____ Degree* (MD, PhD, etc.): _____

How many years since you completed your medical training (if applicable): _____

Professional/Academic Title: _____

Institution/Organization Name*: _____

Email Address* (required): _____

Telephone*: _____ Fax: _____

Street Address*: _____

City*: _____ State: _____ Province: _____

Postal Code*: _____ Country*: _____

Primary Specialty*: _____ Secondary Specialty: _____

Please fax this page to: +1 303 724-7053