

American Association of Cardiovascular and Pulmonary Rehabilitation 18-Month Membership Application

Name _____

Professional Credentials _____

(Please list no more than two)

Job Title _____

Place of Employment _____

Mailing Address _____

City _____

State/Province _____

ZIP Code/Postal Code _____

Country _____

This address is: Home Business

(The above address will be used for mailings and will be listed in the Membership Directory.)

E-mail: _____

*(Be sure to include your e-mail address for frequent Regulatory Updates and the bi-monthly *News and Views*. The AACVPR does not distribute e-mail addresses to other groups.)*

Daytime Phone: () _____

Fax: () _____

Are you a current member of your state/regional society?

Yes No

General Information

Where did you hear about the AACVPR?

- From an AACVPR Member
- Was a Previous Member – Year(s)
- Journal of Cardiopulmonary Rehabilitation and Prevention*
- Professional Colleague
- State/Regional Society
- University/School
- Other

What made you decide to join the AACVPR? _____

18-Month Membership

Member

Annual Membership Fee ~~-\$185-~~

**SPECIAL
OFFER**

\$250 FOR 18 MONTHS!

Membership in AACVPR is open to any interested person of majority age who is a nurse, physician, medical scientist, allied healthcare practitioner or educator, and who in his or her professional endeavors, is regularly involved in some aspect of cardiovascular and/or pulmonary rehabilitation. Members have AACVPR voting privileges.

Membership effective from date of payment through June 30, 2011.

Membership Agreement

I certify that the above information is correct and I agree to abide by the Code of Ethical and Professional Conduct of the American Association of Cardiovascular and Pulmonary Rehabilitation. Visit the AACVPR Web site for the code of ethics.

Signature _____ Date _____

Payment

Purchase orders are not accepted.

Payment must accompany application.

- Check (Payable to AACVPR; US Funds Only)
- MC/Visa/American Express

Cardholder's Name _____

Card Number _____

Exp. Date _____

Cardholder's City/State _____

Cardholder's Signature _____

Membership dues are non-refundable, and are not deductible as a charitable contribution. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

Please send completed application to:

**AACVPR National Office
401 N. Michigan Avenue, Suite 2200
Chicago, IL 60611**

Telephone: 312/321-5146

E-mail: aacvpr@aacvpr.org

Web site: www.aacvpr.org

**Credit card users may fax application to:
312/673-6924**