

American Association of Cardiovascular
and Pulmonary Rehabilitation

Membership Application

Name _____

Professional Degree _____

(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

Where did you hear about the AACVPR?

From an AACVPR Member

Was a Previous Member – Year(s) _____

Other _____

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 Signature _____

Membership Categories (Please check one)

Member

Membership Fee \$185

A member shall be 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.

Student Member

Membership Fee \$75

A student member shall be any interested undergraduate or graduate college student currently carrying the equivalent of at least one half of a full-time academic load for one year, as defined by the university or college of attendance. The area of study must be in a medical or allied health curriculum. Student Membership also applies to physicians-in-training, including residents and interns.

To qualify as a Student Member, one must submit a copy of his or her current student identification card along with this completed application.

Educational Institution _____

Major _____

Year Degree Expected _____

Corporate Member

A corporate member shall be any interested corporation that provides products or services to the cardiovascular and/or pulmonary rehabilitation healthcare field. Corporate members do not have AACVPR voting privileges.

Contact the National Office for more information: 312/321-5146 or send an e-mail to aacvpr@aacvpr.org.

AACVPR membership is effective July 1 through June 30. Membership is not pro-rated; however, members joining after April 1 will be deferred until July 1. 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

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 _____