

MEMBER APPLICATION

The American Academy of Cardiovascular Perfusion



THIS FORM MUST BE TYPED OR PRINTED

MR. MISS

NAME MS. MR.

(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH

(MONTH - YEAR)

BUSINESS ADDRESS

(ORGANIZATION)

(YOUR TITLE)

(STREET ADDRESS)

(ADDITIONAL ADDRESS)

(CITY) (STATE) (ZIP CODE) (COUNTRY)

(TELEPHONE NUMBER) (FAX NUMBER) (E-MAIL)

HOME ADDRESS

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE) (COUNTRY)

(TELEPHONE NUMBER) (FAX NUMBER) (E-MAIL)

EDUCATION COLLEGE / UNIVERSITY DATES ATTENDED DEGREE MAJOR

1) \_\_\_\_\_

2) \_\_\_\_\_

PERFUSION SCHOOL

1) \_\_\_\_\_

CURRENT ACTIVE PROFESSIONAL MEMBERSHIP

ORGANIZATION MEMBER SINCE POSITION(S) HELD

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

DID YOU GRADUATE FROM AN ACCREDITED PERFUSION SCHOOL?  YES  NO

ARE YOU CURRENTLY ACTIVE AS A FULL TIME PERFUSIONIST?  YES  NO

NUMBER OF YEARS PRACTICING PERFUSION? \_\_\_\_\_ YEARS

HAVE YOU ATTENDED AN ANNUAL ACADEMY MEETING?  YES  NO

HAVE YOU PARTICIPATED IN AN ANNUAL ACADEMY MEETING?  YES  NO

IF YES, CHECK ALL THAT APPLY:  PRESENTER  ATTENDEE  PANEL MEMBER  OTHER

PREFERRED MAILING ADDRESS  BUSINESS ADDRESS  HOME ADDRESS

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

(DATE)

(APPLICANT'S SIGNATURE)

AACP 09-12

APPLICATION AND FILING FEE OF \$25.00 WITH FIRST YEAR DUES OF \$155.00 (U.S. FUNDS) TOTAL \$180.00

VIA CHECK OR MONEY ORDER TO AACP 515A EAST MAIN STREET ANNVILLE, PA 17003

VIA VISA / MasterCard CREDIT CARD:

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

You may FAX completed form and letter to (717) 867-1485, or mail to the national office.