

STUDENT MEMBER APPLICATION
THIS FORM MUST BE TYPED OR PRINTED

The American Academy of Cardiovascular Perfusion



MR. MISS
NAME MS. MRS. _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____
(MONTH - YEAR)

CURRENT MAILING ADDRESS

(STREET ADDRESS) (APARTMENT NUMBER)

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

(TELEPHONE NUMBER) (PERSONAL/NON-SCHOOL E-MAIL)

I AM CURRENTLY A PERFUSION STUDENT APPLYING FOR STUDENT ASSOCIATE MEMBERSHIP YES NO

EDUCATION

PERFUSION SCHOOL	EXPECTED GRADUATION DATE		
1) _____			
COLLEGE / UNIVERSITY	DATES ATTENDED	DEGREE	MAJOR
1) _____			
2) _____			

CURRENT ACTIVE PROFESSIONAL MEMBERSHIP

ORGANIZATION	MEMBER SINCE	POSITION(S) HELD
1) _____		
2) _____		
3) _____		

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

I UNDERSTAND THAT I AM TO ATTACH A LETTER FROM MY PERFUSION SCHOOL DIRECTOR.
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

(DATE) (APPLICANT'S SIGNATURE)

AACP 08-19

SUBMIT COMPLETED APPLICATION AND FIRST YEAR DUES OF \$25.00 (U.S. FUNDS) TOTAL \$25.00

VIA CHECK OR MONEY ORDER TO
AACCP
P.O. BOX 47
FOGELSVILLE, PA 18051

VIA VISA / MasterCard CREDIT CARD:
Card Number _____
Expiration Date _____ Security Code _____ Zip Code of Billing Address _____
You may FAX completed form and letter to (610) 285-2329, scan and email or mail to the national office.