

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 10/22

**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 CREDIT CARD:  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Zip Code of Billing Address \_\_\_\_\_  
You may scan and email (office@theaacp.com) or mail to the national office.