

# Heart Valve Society of America

## Membership Renewal

PO Box 1365 • New York, NY 10021 • [www.heartvalvesocietyofamerica.org](http://www.heartvalvesocietyofamerica.org)  
[info@heartvalvesocietyofamerica.org](mailto:info@heartvalvesocietyofamerica.org)

**Please Type or legibly print. Complete all information requested.**

### **Applicant Information:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Affiliation:**

Title: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

### **Membership:**

#### **Dues:**

\$100 Physician, surgeon, scientist  \$100 Individual institutional applicants

\$ 75 Related healthcare professionals

Free Trainees/Fellows & Resident (Include letter from training director)

### **Payment:**

Dues may be paid via credit card, check, or money order

Make checks/money orders payable to Heart Valve Society of America.  
Mail with application to the HVSA, PO Box 1365, NY, NY 10021

Credit card applications may be mailed or faxed to 212/452-2027

check  money order  American Express  Visa  MasterCard

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security no. \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Payment may be deducted as an ordinary and necessary business expense. It is not deductible as a charitable contribution.