

# Heart Valve Society of America

## 2008 Membership Application

PO Box 1365 • New York, NY 10021 • www.heartvalvesocietyofamerica.org.  
212/561-9879 • info@heartvalvesocietyofamerica.org

**Please Type or legibly Print. Complete all information requested.  
If there is insufficient space, add an extra sheet.**

### **Applicant Information:**

Name \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

### **Affiliation:**

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

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

### **Education**

(list college, graduate/medical school, postgraduate training, dates attended, and degree received)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Current involvement in the field of heart valve disease**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Membership**

Membership runs from January – December.  
Membership for those joining in 2008 will span through December 2008

**Dues:**

- \$100 Physician, surgeon, scientist
- \$100 Individual institutional applicants
- \$ 75 Related healthcare professionals
- Free Trainees/Fellows & Resident (Include letter from training director)

**Field:**

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Administration          | <input type="checkbox"/> Cardiology          | <input type="checkbox"/> CV Surgery            | <input type="checkbox"/> Corporate  |
| <input type="checkbox"/> Family/General Practice | <input type="checkbox"/> Health professional | <input type="checkbox"/> Internal Medicine     | <input type="checkbox"/> Marketing  |
| <input type="checkbox"/> Nonmedical              | <input type="checkbox"/> Nurse practitioner  | <input type="checkbox"/> Physician's assistant |                                     |
| <input type="checkbox"/> Research (PhD)          | <input type="checkbox"/> Research (non-PhD)  | <input type="checkbox"/> Student               | <input type="checkbox"/> Technician |
- Other \_\_\_\_\_

**Payment:**

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

Make checks/money orders out 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: \_\_\_\_\_

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