

Heart Valve Society of America

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 this year will span through December of this year

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.