



APPLICATION FOR MEMBERSHIP

American Society for Preventive Cardiology
6816 Southpoint Parkway, Ste. 1000
Jacksonville, Florida 32216
904-309-6235 • Fax 904-998-0855
Apply online at www.aspconline.org

Name _____ Degree(s) _____

Physician Nurse Nurse Practitioner Dietitian Pharmacist Physician Assistant Other: _____
 Trainee: Undergraduate Graduate Doctoral Post Doctoral or Physician Fellow Other: _____

Date of Birth _____ Male Female Job Title _____ Specialty _____

Office Address _____

City _____ State/Province _____ Zip _____ Phone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip _____ Phone _____ Fax _____

Country _____ E-mail Address _____

SEND MAIL TO: Office Home

COMMUNICATIONS: ASPC correspondence preferences: Unsubscribe from Blast E-mail Blast Fax

TYPE OF PRACTICE: Hospital Private Practice Group Practice Clinic Pharmacy Education Facility Other (Specify) _____

Approximately what percentage of your time are you involved with CVD prevention activities or practice? _____

Number of Journal publications related to cardiology: _____

Please briefly explain how you are involved in treatment, research, or education of preventive cardiology: _____

PLEASE COMPLETE THE FOLLOWING AS APPLICABLE:

College/University _____ Degree _____ Year Obtained _____

Graduate University _____ Degree _____ Year Obtained _____

Medical School _____ Degree _____ Year Obtained _____

Internship/Residency _____

Fellowship/Postgraduate Training _____ Year Obtained _____

Present Medical School/Hospital Affiliation/Appointments _____

BOARD CERTIFICATIONS (Please attach a copy of Certificate from each Board listed):

Board _____ Date Certified _____

Board _____ Date Certified _____

Board _____ Date Certified _____

How did you find out about ASPC Membership? Referral Web Mailing Convention/meeting Other _____

_____ Regular Member.....	\$75
_____ Trainee/Student Member.....	\$50
_____ International Member.....	\$50
_____ <i>Preventive Cardiology</i> International Subscription*.....	\$80
TOTAL	\$_____
Amount \$_____ <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	
Name On Card _____	
Acct# _____ Exp. Date _____	
Signature _____	

Please return your application, payment and current CV to:

ASPC
6816 Southpoint Pkwy., Ste. 1000
Jacksonville, FL 32216

Your application will be reviewed by ASPC staff and board and you will be notified of your acceptance.

Preventive Cardiology*, the ASPC's journal, is available electronically to **ALL members, and is mailed on a quarterly basis to U.S. addresses only. International members **MAY** elect to receive a subscription in print for an additional \$80 USD. Re-enrollment in the international subscription program must be indicated on your annual dues renewal.