SOCIETY FOR HEART BRAIN MEDICINE

9500 Euclid Ave. Mail code JJ40
Cleveland, Ohio 44195
216.636.2424
info@heartbrain.org

2008 MEMBERSHIP APPLICATION

Please send the completed form via fax to 216.636.0271, Attention: Kathy Hoercher

Applicant: Please TYPE or PRINT legibly and complete **ALL** information requested.

name (last, first, middle initial): degree:

mailing address:

city: state / province: zip / postal code: country:

phone: fax: email address:

present hospital/university affiliation/firm/corporation:

professional education and training (college, graduate or medical school, postgraduate training):

	dates attended	degree

present activity in the field of heart-brain medicine:

list other society memberships (optional):

Membership: Annual Dues (January – December). See web site (www.heartbrain.org) for membership benefits.

☐ $150.00 Full (voting member)

☐ $35.00 Trainee (full-time student, resident, fellow, post-doc) – verification letter required from program director to include "full time" status and date training to be completed.

Previous Member? ☐ No ☐ Yes

Check the category that best describes your profession:

☐ Physician

☐ Scientist — Academic
☐ Scientist — Industry

☐ Nurse/Nurse Practitioner

☐ Industry (non-MD)
☐ Other Health Professional

Payment: Dues may be paid with Visa, MasterCard, check or money order (drawn on US banks only). Checks or money orders are payable to: Society for Heart-Brain Medicine and must accompany this form (mail to the above address). If you are paying by credit card, you may fax this form to 216.636.0271.

☐ check ☐ money order ☐ visa ☐ mastercard

account number:

expiration date (mm/dd/yy):

name of card holder:

signature of cardholder:

None of the payment is deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense.