

AMERICAN COLLEGE OF CARDIOLOGY  
Resource Center  
P.O. Box 791201, Baltimore, MD 21279-1201



WOMEN IN CARDIOLOGY SECTION  
MEMBERSHIP FORM

First Name (please print) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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

City/County \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

ACC Membership Number\*: \_ \_ \_ \_ \_

*\*If you do not know your ACC member number, please contact our Resource Center at 1-800-253-4636, Ext. 694, or check your JACC mailing label*

I wish to **join** the Women in Cardiology Section. Enclosed is my payment of \$25.

Check payable to ACC (Please note "WIC" on memo line)

MasterCard     VISA     American Express

No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card: \_\_\_\_\_

1. Please indicate your specialty area: (If more than one, please rank with 1 being primary)

- |  |   |
|--|---|
| <input type="checkbox"/> Critical care               | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Cardiovascular Surgeon      | <input type="checkbox"/> Echocardiography         |
| <input type="checkbox"/> General Clinical Cardiology | <input type="checkbox"/> Heart Failure/Transplant |
| <input type="checkbox"/> Interventional              | <input type="checkbox"/> Noninvasive CT/MRI       |
| <input type="checkbox"/> Nuclear Cardiology          | <input type="checkbox"/> Pediatric Cardiology     |
| <input type="checkbox"/> Prevention                  | <input type="checkbox"/> Vascular                 |
| <input type="checkbox"/> Other _____                 |   |

2. Please indicate your work setting:

- Cardiovascular Group  
 Government Hospital - Military  
 Government Hospital - VA  
 Government Hospital - Other  
 Non-Government Hospital - HMO  
 Medical School or University Faculty  
 Multispecialty Group  
 Fellow in Training  
 Other \_\_\_\_\_