

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 **renew my membership** in 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 _____