AMERICAN COLLEGE of CARDIOLOGY

ACC International Associate/ Affiliate Application

I am applying as a:

❑ Cardiovascular Specialist (International Associate Member)

❑ Non-Cardiovascular Physician/Scientist (Affiliate Member)

DISCOUNT CODE FUSTER2015

Complete the form and return by email, post, or fax to:

American College of Cardiology
Member Services Department
2400 N Street, NW
Washington, DC 20037, USA
Email: *mdavis@acc.org*
Fax: +1 202-375-6843 • Phone: +1 202-375-6000, ext. 5439

Personal Data (All Sections Must Be Completed)

Full Name (First) (Middle Initial) (Last)

❑ Male ❑ Female _____ Birth Date (Month/Day/Year)

_____ Please provide business or personal email addresses and check a box to indicate preferred email for ACC communications. ❑ Business ❑ Personal

Preferred Address

City, Province/State Country Postal Code

Office Telephone Home Telephone Fax

Principal Employment Information (For Public & Membership Directory)

Institution/Practice Name

Title/Position

Address

City, Province/State Country Postal Code

Telephone Alternate Telephone Fax

Which of the following best describes your work setting?

❑ Solo Practice
❑ Government Hospital or Agency
❑ Industry
❑ Other (please specify) _____

What is the ownership structure of your practice?

❑ Government Owned
❑ Hospital Owned
❑ Insurance Company Owned
❑ Medical School/University Owned
❑ Other (please specify) _____

Education, Training and Society Membership

Medical School

Name of Institution

Location (City/Country) | Area of Specialization | Graduation Date

Training Program

Name of Institution

Location (City/Country) | Area of Specialization | Graduation Date

❑ I am a member of a recognized medical society* Name of Society

**Those without medical society memberships will need to submit a sponsor letter from a current ACC member*

Medical Practice or Appointments

❑ Licensed or certified to practice medicine Name of Authorizing Body

❑ Academic or research appointment Name of Authorizing Body

Areas of Interest

Please indicate your top three areas of interest relevant to your primary clinical activities by entering 1, 2, and 3 below:

- ❑ Administration
- ❑ Adult Cardiology
- ❑ Adult Congenital Cardiology
- ❑ Anesthesiology
- ❑ Arrhythmias & Devices
- ❑ Cardiac Rehab
- ❑ Cardiothoracic Surgery
- ❑ Congenital Card. Surgery
- ❑ Critical Care Medicine
- ❑ Echocardiography
- ❑ Electrophysiology
- ❑ Emergency Medicine
- ❑ Endocrinology
- ❑ Family Practice
- ❑ General Cardiology
- ❑ Geriatrics/Aging
- ❑ Health Policy
- ❑ Heart Failure/Transplant
- ❑ Hypertension
- ❑ Internal Medicine
- ❑ Interventional CV
- ❑ Invasive CV
- ❑ Lipids Clinic
- ❑ MR/CT
- ❑ Nephrology
- ❑ Nuclear CV
- ❑ Nuclear Medicine
- ❑ Pathology
- ❑ Pediatric CV
- ❑ Pediatric Interventional CV
- ❑ Pediatrics/Neonatal
- ❑ Pharmacology
- ❑ Physical Medicine
- ❑ Physiology
- ❑ Preventive CV
- ❑ Public Health
- ❑ Pulmonary Disease
- ❑ Radiology
- ❑ Research
- ❑ Sports & Exercise CV
- ❑ Thoracic Surgery
- ❑ Transcatheter Valve Therapy
- ❑ Vascular & Interventional Radiology
- ❑ Vascular Medicine
- ❑ Vascular Surgery
- ❑ Other _____

Membership Dues Payment

Please enclose payment to ensure your application is processed. All applications are subject to a $25 one-time application fee.

☑ Application Fee **$25** ❑ Hardcopy *JACC* **$170**

Annual Dues:

❑ CV Specialist, High-Income Country **$125** ❑ CV Specialist, Middle/Low-Income Country **$100** ❑ Non-Cardiovascular Physician/Scientist, High/Mid/Low **$100**

Payment Method:

❑ Check or money order enclosed. In US dollars drawn on a US bank. ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover

Cardholder Name

Card Number | Expiration Date | CSC #