

## ACC CARDIOVASCULAR TEAM MEMBERSHIP SPONSORSHIP FORM

Signed by a FACC, AACC or CVT member

| for Cardiovascular Team membership at the American College of Cardiology. His/her interest in         |
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| cardiovascular medicine combined with proven ability makes him/her an excellent candidate for         |
| membership. Becoming a Cardiovascular Team member of the College will open up a new level of          |
| education and access to information that will ultimately benefit his/her patients and their families. |
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As a member of the American College of Cardiology, it is my pleasure to recommend

Name of Sponsor (FACC, AACC or CVT member)

Member ID Number

Signature of FACC, AACC or CVT Sponsor

Date

Mail or Fax to:

American College of Cardiology ATTN: Member Services 2400 N Street, NW Washington, DC 20037 **Phone:** (202) 375-6000, ext. 5439 (800) 253-4636, ext. 5439

**Fax:** (202) 375-6842

**Note:** This form can be mailed or faxed with the application or faxed directly from the sponsor'spersonal or business number. This form should not be used for the AACC sponsorship letter.