

Note: To take advantage of the membership registration rate for the 16th Annual Scientific Meeting (September 9-12, 2012, Seattle, WA) individuals must have paid 2012 dues by June 15, 2012.

Court International, Suite 240 South
2550 University Avenue West
St. Paul, MN 55114

Tel: 651-642-1633
Fax: 651-642-1502
www.hfsa.org

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 failure: _____

list other society memberships: _____

check here if you do NOT want your name, address or email to appear on mailing lists rented by vendors/third parties

Membership: Calendar year (Jan – Dec). See web site (www.hfsa.org) for membership benefits.

- \$300.00 Full Members: MDs, DOs or equivalent who are in good standing in their respective communities, and are actively engaged in heart failure practice or research.
- \$200.00 Full members (other): all nonphysicians who are in good standing in their respective communities, and are actively engaged in heart failure practice or research.
- \$75.00 Trainees: open to individuals enrolled as "full-time" medical students, residents, fellows, undergraduate students, and pre- and post-doctoral trainees. A letter of verification, including the end of training date, from the training program director is required with payment of dues for each year trainee membership is requested.

Previous Member? No Yes

Payment: Dues may be paid with Visa, MasterCard, American Express, check or money order (drawn on US banks only). Checks or money orders are payable to: Heart Failure Society of America.

check money order american express visa mastercard

account number: _____ expiration date (mm/yy): _____

name of card holder: _____

signature of cardholder: _____

Check the category that best describes your profession:

(Check One)

- Adult Cardiologist
- Pediatric Cardiologist
- CV Surgeon
- ED Physician
- Family/General Practitioner
- Internist
- Hospitalist
- Physician, Other
- Scientist – PhD
- Scientist (non-PhD)
- Pharmacist
- Pharmacologist
- Technician/Research Technician
- Nurse/ Nurse Practitioner
- Physician Assistant
- Non-Medical
- Other Health Professional

Work Environment: (Check One)

- Academic Institution
- Clinic
- Government
- Hospital
- Industry
- Private Practice
- Other Healthcare Organization

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