



HEART FAILURE SOCIETY OF AMERICA

## 2015 MEMBERSHIP PAYMENT FORM

**Note:** To take advantage of the membership registration rate for the 19th Annual Scientific Meeting (September 26-29, 2015, National Harbor, Maryland) individuals must have paid 2015 dues by July 31, 2015.

Please TYPE or PRINT legibly and complete **ALL** information requested on this interactive form.

Name (last, first, middle initial): \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip / Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Communication:  Email  Mail

Check here if you do **NOT** want your name, address or email to appear on mailing lists shared with vendors or third parties.

Present Hospital/University Affiliation/Firm/Corporation: \_\_\_\_\_ Dept: \_\_\_\_\_

Professional Education and Training  
(College, Graduate or Medical School, Postgraduate Training): \_\_\_\_\_ Dates attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Present interests in heart failure:

Advocacy  Devices  Education  Research

Career level in heart failure:

Early (0-5 years)  Mid (6-15 years)  Established (15+ years) Clinical Practice:  yes  no

Practice setting: (check all that apply)

Private Practice  Research  Academic  Hospital  Clinic  Other Healthcare Organization

**Profession:** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Physician                      | <input type="checkbox"/> Nurse                |
| <input type="checkbox"/> Scientist/Researcher PhD       | <input type="checkbox"/> Pharmacist           |
| <input type="checkbox"/> Scientist/Researcher (non PhD) | <input type="checkbox"/> Pharmacologist       |
| <input type="checkbox"/> Professor                      | <input type="checkbox"/> Physician Assistant  |
| <input type="checkbox"/> Nurse Practitioner             | <input type="checkbox"/> Non-medical/Industry |

**MD's Only**

NPI#: \_\_\_\_\_

Specialty: \_\_\_\_\_

List other society memberships:

ACC  AHA  AMA  AAHFN  ISHLT  HRS  Other

I would like to make an additional tax deductible donation of:  \$100  \$250  \$500  \$1,000 \$ \_\_\_\_\_

I would like my donation to be used for the HFSA program(s) below:

- Early Career Training & Development
- Allied Professionals Activities & Training
- Educational Resources & Programs
- Research Grants

*Specific Program details, membership categories and payment information are on Page 2.*

## HFSA PRIORITY PROGRAMS

*To support one of the following programs, please see page 1.*

**Early Career Development** - HFSA has made Early Career development a priority in order to have sufficient specialists in the field. HFSA has started a committee to involve trainees and individuals at the start of their career in HFSA activities and to provide mentoring to help them build their career. The HFSA is looking to reinstate the Fellowship meeting that brought together renowned HFSA leaders and fellows. This fund would also support travel grants to HFSA educational meetings.

**Allied Professionals Activities & Training** – HFSA supports a multi-disciplinary approach to patient care. These donations would go toward training and mentoring activities for Nurses, NP's, PA's, PharmD & PhD's in areas such as Disease Management, establishing a HF Clinic, etc. These funds would also be used to foster collaborative programs with other cardiology based non-profits and for travel grants to HFSA meetings.

**Educational Resources & Programs** – These funds would help support high quality based CME and non CME programs for all allied health care professionals. Donations will also support an update, redesign and translation of the 11 highly successful Heart Failure Education Modules and other patient education materials.

**Research Grants** - HFSA provides research fellowship grants for young investigators. The majority of past recipients have gone on to academic careers. The purpose of the research fellowship is to develop clinician-investigators in the field of heart failure.

**Membership:** Calender year (Jan-Dec). See website ([www.hfsa.org](http://www.hfsa.org)) for membership benefits.

- \$300 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 Full Members (other):** all non-physicians who are in good standing in their respective communities, and are actively engaged in heart failure practice or research.
- \$75 Trainees:** open to individuals enrolled as “full-time” medical students, residents, fellows, undergraduate students, and pre post-doctoral trainees. A letter of verification on institute letterhead, including the end of training date from the training program director, is required with payment of dues.

Membership Dues:

Donation Amount:

Total:

**Payment:** Dues and donations may be paid with Visa, MasterCard, American Express or check.

Checks are payable to: Heart Failure Society of America

check    AMEX    Visa    MasterCard

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Account number: \_\_\_\_\_ Expiration date (mm/yy): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_

**Heart Failure Society of America**

**6707 Democracy Blvd. - Suite 925    Tel: 301-718-4800**

**Bethesda, MD 20817                      Fax: 888-213-4417**

For questions, please contact HFSA at [membership@hfsa.org](mailto:membership@hfsa.org)

Contributions to HFSA are tax deductible as a charitable contribution. Membership dues are not deductible as a charitable expense but may be deductible as an ordinary and necessary business expense. Please check with your accountant.