



Date : _____

- Check # _____
- Cash
- Database
- Intranet
- Email
- Receipt

Membership Application
(please print)

Date: _____

Name (with credentials): _____

Mailing address where you want your card sent : Home/Work (Please circle)

Home number: _____ Work number: _____

Email: _____

Institution: _____

Profession: _____ Position: _____

Are you a member of the American Assoc. of Cardiac & Pulmonary Rehab (AACVPR)? _____ Yes _____ No

_____ New Membership

How did you hear about the MACVPR? _____

_____ Renewing Membership Expiration date: _____

_____ Professional Membership: \$75 for 2 years (membership begins on the first day of the month that you join and expires 2 years from that date).

_____ Student membership: \$25 for one year (students must be enrolled in a minimum of 12 credits per quarter and provide copy of schedule with this application).

Please mail application with check or money order to:

MACVPR

C/o Ann Stone

PO Box 426 ~ Woods Hole, MA 02543

Questions? Email: admin@macvpr.org or Phone : 508-540-7139