

2018 TSSCVPR MEMBERSHIP APPLICATION

Name _____ Degree/Credentials _____

New application _____ Renewal _____ Most recent year of membership _____

AACVPR member? _____ Referred by _____

Please Complete both Home and Institutional Addresses

Home address will be used for membership directory listing and all correspondence unless indicated below.

***Please indicate here if you prefer your institution address to be used instead.** _____ Yes

Institution Name: _____

Home Address _____

City _____

State _____ Zip _____ County _____

Phone _____

Address _____

City _____

State _____ Zip _____ County _____

Phone _____

Preferred Email for communications _____

Indicate Local Chapter Affiliation: Please check one

<i>Pennsylvania</i>		<i>New Jersey</i>
_____ Lehigh Valley	_____ Philadelphia	_____ Central Jersey
_____ Northeast	_____ South Central	_____ North Jersey
_____ North Central	_____ Twin Tiers	_____ Penn Jersey
_____ PA Mountains	_____ Western PA	_____ South Jersey
		<i>Delaware</i>
*see www.TSSCVPR.org for map of chapter territories		_____ Delaware

Work Area: _____ Cardiac Rehab _____ Pulmonary Rehab _____ Both _____ Wellness/Fitness _____ Other:

Job Responsibilities - Check all that apply:

Nurse ExPhys/Science RT MD NP
 PA Medical Director Educator Supervisor Director
 Manager Student Dietitian Other

I agree to abide by the Code of Ethical and Professional Conduct of the Tri-State Society of Cardiovascular and Pulmonary Rehabilitation. Visit the TSSCVPR website for the code of ethics. (TSSCVPR.org)

Signature _____ Date _____

Membership fee:

_____ \$10 Student Member – documentation of full time status required
 _____ \$25 Individual Member for 6 months expiring on 6/30/2018

Mail to:

TSSCVPR:
 Pamela Lowe
 16898 Beaver dam Rd.
 Ellendale DE, 19941

Please make check payable to TSSCVPR