

2010 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

| | |
|--|--|
| Home Address _____ City _____ State _____ Zip _____ County _____ Phone _____ Home e-mail _____ | Institution Name: _____ Address _____ City _____ State _____ Zip _____ County _____ Phone _____ Fax _____ Work e-mail _____ |
|--|--|

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
 _____ \$40 Individual Member for 2010
 _____ \$70 Two year membership for 2010-11

Mail to:

TSSCVPR
 Sue Stahl, MS, FAACVPR
 8 Rita Rd.
 Yardley, PA 19067

Please make check payable to TSSCVPR

Membership is effective January 1 to December 31 each year.

Membership paid past October 1st is valid through to December of the following year(s).