

2017 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 _____
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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
 _____ \$45 Individual Member for 2017
 _____ \$80 Two year membership Jan 1, 2017- Dec. 31, 2018

Mail to:

TSSCVPR
 Ruth Akers
 1457 Federal Drive
 Downingtown, PA 19335

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).