

## 2012 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 _____<br>City _____<br>State _____ Zip _____ County _____<br>Phone _____<br>Home e-mail _____ | Institution Name: _____<br>Address _____<br>City _____<br>State _____ Zip _____ County _____<br>Phone _____ Fax _____<br>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 <a href="http://www.TSSCVPR.org">www.TSSCVPR.org</a> 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](http://TSSCVPR.org))**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership fee:**

\_\_\_\_\_ \$10 Student Member – documentation of full time status required  
 \_\_\_\_\_ \$40 Individual Member for 2012  
 \_\_\_\_\_ \$70 Two year membership for 2012-13

**Mail to:**

TSSCVPR  
 Nora Keller RN  
 1704 Belle Mead Avenue.  
 Havertown, PA 19083

Please make check payable to TSSCVPR

Membership is effective January 1 to December 31 each year.

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