

Membership Application

**Applicant:** (Please type or PRINT legibly and complete ALL information requested)

Name (First, middle initial, Last):       Degree: \_

Mailing address:

 City:     , State:    , Zip/postal Code:

Phone:      Fax:       E-mail Address:

Present Employer (university/hospital/firm/corporation etc.):

Present Title/Position

**Education and Professional Training:**

*(college, graduate or medical school, postgraduate training)* Dates (from-to) attended Degree (Field or Major)

Present professional activities in cardiovascular research and education and related fields:

Chose one: [ ] administration [ ] cardiologist [ ] CV surgeon [ ] education [ ]  family/general practice [ ] industry [ ] marketing

 [ ]  nurse [ ] paramedical [ ] pathology [ ] pharmacology [ ] physiology [ ] other (please identify):

Chose one: [ ]  principal investigator [ ]  postdoc [ ] scientist [ ] student [ ]  technician [ ]  other (please identify):

Professional Memberships, Awards and Honors (if applicable):

Memberships: (please see website: [www.my-acre.org](http://www.my-acre.org) for ACRE mission, bylaws, membership benefits and obligations.)

Annual Dues (January – December): [ ]  Regular Member (full voting): $100

 [ ]  Regular Member (partial voting): [ ]  post-doc, fellow, resident, student: $30;

Lifetime Membership (one payment) [ ]  Life-time Member: $500 [ ]  Contributions: $   ,

 Total:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment: Dues may be paid with check, money order (drawn on US banks only). Checks or money orders are payable to: The ACRE and must accompany this form **(mail to Dr. Qiangrong Liang, Chair, ACRE Finance Committee, New York Institute of Technology College of Osteopathic Medicine, 209 Rockefeller Building P.O. Box 8000, Old Westbury,  NY 11568-8000)**

[ ]  Check [ ]  Money order

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*The payment may be deductible as an ordinary and necessary business expense (EIN# 680562849).*