

**Membership October Drive (2024.10. ONLY)**

**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:

Choose one: administration cardiologist CV surgeon education  family/general practice industry marketing

nurse paramedical pathology pharmacology physiology other (please identify):

Choose one:  principal investigator  postdoc scientist student  technician  other (please identify):

Choose Primary One: Council: Cardiac  , Vascular

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;

* Premium Membership (one payment, full voting):  Premium Member: $400  Premium Star: $150
* Promoting to Premium Membership:  Premium Member: $300/$350  Premium Star Member $120
* **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  Venmo Paypal

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

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