



For Office Use only:

Date : _____

- Check # _____
- Cash
- Database
- Intranet
- Email
- Receipt
- Card

Membership Application
(Please print)

Date: _____

Name (with credentials): _____

Email address: _____

Mailing address where you would like to receive MACVPR correspondence:

Home/Work (Please circle)

Home number: _____ Cell Number: _____ Work number: _____

Institution: _____

Profession: _____ Position: _____

Program : Please check Cardiac Pulmonary

Are you a member of the American Assoc. of Cardiac & Pulmonary Rehab (AACVPR)?
Please check Yes No

New Membership

How did you hear about the MACVPR? _____

Renewing Membership Expiration date: _____

Professional Membership: \$75 for 2 years (membership begins on the first day of the month that you join and expires 2 years from that date).

Student membership: \$25 for one year (students must be enrolled in a minimum of 12 credits per quarter and provide copy of schedule with this application).

Please mail application with check or money order to:

MACVPR
C/o Ann Stone
PO Box 426 ~ Woods Hole, MA 02543
Questions? Email: admin@macvpr.org or Phone : 508-540-7139