## Don't forget to register/pay for the

East Alabama Medical Center

2000 Pepperell Pkwy Opelika, Al 36801

## 2018-2019 Membership Application

AACVPR Joint Affiliate Rate	Date of Application:					
	Renewal □			New Applicant □		
Name of Member:						
Name of Facility/Program:						
Address for directory list:						
City:					Zip:	
Phone for directory list:	(maint alanalu)			Fax:		
Email for newsletters:	(print clearly)					
Discipline: (check box) □ EP □ RN □ RT □ PT □ OT □ Dietitian □ Physician						
	☐ Other: (please specify)					
Area of Clinical Practice:						
☐ Cardiovascular		Inpatient □		Outpatient $\square$		Both □
□ Pulmonary		Inpatient □		Outpatient $\square$		Both □
☐ Wellness/Prevention						
☐ Other (please specify)						
D						
Does your work support your	membership?	Yes □	No □	Is your program certified?	Yes □	No □
Are you an AACVPR member?		Yes □	No □			
Number of employees in your	program?					
Λ	<u> 1embership On</u>	ly Fees:		Membership Only \$2	25	
	•			, , ,		
REMINDERS: <u>May 1<sup>st</sup>-Novemb</u> AACVPR and receive their Edu membership for 2018. Membership year for SACPR	oer <u>30, 2018</u> - Pay \$ ucationAdvantago will change to coi	160 discou e benefits ( incide with	nted dual-m (free webca 1 AACVPR's r	T BE PAID AND RECEIVED BY nembership fee to AACVPR. Yo sts from AACVPR) and simulta membership year of July 1- Jun al membership rate will be \$219	u will beco neously m ne 30, 2019.	aintain your SACPR
Payment Method: ☐ PAY	PAL at www.SAC	PR.org (N	ote: There is	s an approximate upcharge of	\$2.25 - \$3)	
	. •	_		or money order to SACPR Treas narked by May 1 <sup>st</sup> to be eligible	•	•
Please mail check or money o	rder payable to S	ACPR with	1			
Jennifer Murphy, RN, MSN, SA Cardiac Rehab	ACPR Treasurer			Phone: 334-528-4739 Fax: 334-528-4797		

