



# 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.theacre.org](http://www.theacre.org) for membership benefits and obligations.)

Annual Dues (January – December):  Regular Member (full voting): \$40

Regular Member (partial voting):  post-doc, fellow, resident: \$20;  student: \$10

Life-time Member: \$250  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. Jun Ren, Chair, ACRE Membership Committee, P.O. Box 3375, University of Wyoming College of Health Sciences, Laramie, WY 82071**)

Check  Money order

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