

# MACVPR Membership Application

**Please fill out the following form, print and mail with payment to:**

***Make checks payable to MACVPR***

**Shannon Isakson—3004 Meadowlark—Butte, MT 59701**

Student Member - \$30.00 Annually.  
(Must enclose a copy of your University ID card) Any interested undergraduate or graduate college student currently carrying the equivalent of one-half of a full time academic load for one year. The area of study must be in a medical or allied health curriculum. Full time medical residents may join under the student category. Student members do not have voting privileges.

Full Member - \$60.00 Annually. Any person or facility who in his/her profession is regularly involved in some aspect of cardiovascular and pulmonary rehab. Full members have voting privileges.

**If you are attending the annual conference, MACVPR membership is included with a paid registration. This application needs to be submitted.**

Student/ Organization Name:	<input type="text"/>
Address:	<input type="text"/>
Dept. Telephone Number:	<input type="text"/>
Dept. Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>
Date:	<input type="text"/>

List below each person to be included in you organization's membership. Cost is per organization, NOT person listed:

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
AACVPR Member:	<input type="radio"/> Yes <input type="radio"/> No

Name:	<input type="text"/>
Title:	<input type="text"/>

Phone:	<input type="text"/>
Email:	<input type="text"/>
AACVPR Member: <input type="radio"/> Yes <input type="radio"/> No	

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
AACVPR Member: <input type="radio"/> Yes <input type="radio"/> No	

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
AACVPR Member: <input type="radio"/> Yes <input type="radio"/> No	