



ASSOCIATION OF BLACK CARDIOLOGISTS, INC.
 5355 Hunter Road Atlanta, GA 30349
 Phone: 404-201-6600 Fax: 404-201-6601
 Web: www.abccardio.org

CREDENTIALLING OFFICE:

APR: _____

APA: _____ D: _____

CM: _____

ID #: _____

DATE ENTERED: _____

Professional Membership Application

COMPLETE ALL FIELDS. A RESUME AND PHOTO ARE REQUIRED TO COMPLETE APPLICATION PROCESS (PLEASE PRINT)

Date of Application: _____

Date of Birth: _____

Are you a Clinician? Yes [] No []

Specialty: _____

If Cardiology (check one)

- Interventional Invasive Noninvasive Pediatric
 Adult Cardiology Electrophysiology Nuclear Surgery

Race/Ethnic Background (Optional)

Please check one of the following:

- African American Asian/Indian Caucasian Hispanic
 Other _____ Male Female

NAME / DEMOGRAPHIC DATA

Last name: _____ First name: _____ Middle Initial: _____ Degrees: _____

Institution Affiliation: _____ Academic Title: _____

Office Contact Name and Number: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

PREFERRED MAILING ADDRESS: [] Work [] Home **PREFERRED EMAIL:** [] Work [] Home [] Please List in Membership Directory

EDUCATION

Medical School Attended: _____ Year of Graduation: _____

Internal Medicine Training: _____ Year of Completion: _____

Cardiology Training Program: _____ Year of Completion: _____

Board Certification: (1) _____ Year: _____ (2): _____ Year: _____

Board Eligibility: (1) _____ Year: _____ (2): _____ Year: _____

Practice Type: Group Hospital Private Academic Other: _____

MEMBERSHIP CATEGORIES

- FULL MEMBERSHIP (FACULTY OF THE ABC)**.....\$350.00
 Renewing Members, all physicians, scientists, epidemiologists, scholars and professors
 ASSOCIATE MEMBERSHIP\$175.00
 Non-physicians who are committed to the mission of the ABC
 CARDIOLOGISTS IN TRAINING\$88.00
 MEDICAL STUDENT.....\$50.00
 INSTITUTIONAL MEMBERSHIP \$1,000.00
 LIFE MEMBERSHIP (Payable in 3 years)\$5,250.00

LEADERSHIP

The ABC is regarded as a "Community of Leaders." How do you provide leadership to promote the prevention and reduction of cardiovascular disease?

METHOD OF PAYMENT

Check (drawn on US bank in US dollars) ___ Business ___ Personal ___ Institution

Credit Card: ___ MasterCard ___ Visa ___ American Express

Card number: _____ Expiration date: _____

Name as it appears on card: _____

Signature: _____

OFFICIAL USE ONLY

CC-Approval Code#

\$ _____

Date: _____

Initial: _____

CK-#: _____

Date: _____