



**TEXAS ASSOCIATION OF
CARDIOVASCULAR AND PULMONARY REHABILITATION**

"Promoting Health & Preventing Disease"

**TACVPR Membership Application
January 1, 2010 - December 31, 2010**

New Membership

Renewing Membership

Last Name: _____		First Name: _____		Nickname: _____	
Company / Facility Name: _____					
Name of Program: _____		Title: _____		Discipline (RN, EP, etc): _____	
Office Address: _____					
Street Number or P.O. Box		City		Zip Code	
Home Address: _____					
Street Number or P.O. Box		City		Zip Code	
E-mail Address: _____					
Home: () _____ - _____		Telephone: Office: () _____ - _____		Fax: () _____ - _____	

Please check one membership category and provide information requested.

Member: Physician, Medical Scientist, Allied Health Professional, Educator, and/or Nurse involved in some aspect of cardiovascular and/or pulmonary rehabilitation.

\$45.00/year (\$35.00 if postmarked on or before Feb. 14, 2010)

Degree(s): _____ Cert/License(s): _____ Principle field of education: _____

Student: Undergraduate or graduate student enrolled in a medical or allied health curriculum a minimum of 12 hours/semester. Proof required. Undergraduate Graduate

\$10.00 per year Institution: _____ Major: _____

Anticipated Graduation Date: _____

Are you a member of AACVPR? Yes No

I am willing to volunteer with: Conference Newsletter Membership Other

RAP (Refer-A-Pal) Program

Were you referred to us by another member? If so, who _____

Program Information: Please check all that apply.

Program Manager: _____ Contact Phone: _____

Email: _____

Cardiovascular Rehabilitation

Inpatient

Outpatient

Hospital Based

Free-Standing

Pulmonary Rehabilitation

Inpatient

Outpatient

Hospital Based

Free-Standing

Mail check with membership application to:

Julie Hartman
1100 Allied Drive, Suite 1-332C
Plano, TX 75093

Make check or money order payable to TACVPR

Credit cards accepted online at www.tacvpr.org