INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
APPLICATION FOR MEMBERSHIP

A) 2009 dues: $280 for regular members, $112 for student/resident members. Membership must be renewed annually every January.
B) *Student/resident membership is available to residents, fellows, medical students, nursing student, and graduate students. Such applicants must submit with their application a letter signed by the Chief/Dean of their program verifying their training status.
C) Membership includes $118 for an annual subscription to the Journal of Heart and Lung Transplantation.

Full Name_____
Last First M.I. Professional Degree

Mailing Address (Please indicate which address this is for): [ ] Home [ ] Business

_____

_____

_____

City_____State/Province_____Country_____Zip_____

Telephone:_____ Fax:_____

E-Mail (**MANDATORY**: PRINT VERY CLEARLY):_____

Current Academic Institution Affiliation: (If any) _____

Primary Hospital Affiliation: (If any) _____

Professional Classification (check one box only):

[ ] Cardiac Surgeon
[ ] Cardio-Thoracic/Vascular Surgeon
[ ] Heart Transplant (only) Surgeon
[ ] Lung & Heart Transplant (only) Surgeon
[ ] Lung Transplant (only) Surgeon
[ ] Pediatric Surgeon
[ ] Pediatric Transplant Surgeon
[ ] Thoracic Surgeon
[ ] Transplant Coordinator
[ ] Nurse
[ ] Social Sciences
[ ] Pathologist
[ ] Para-Medical
[ ] Pharmacist
[ ] Anesthesiologist
[ ] Cardiologist
[ ] Immunologist
[ ] Perfusionist
[ ] Pulmonogist
[ ] Research
[ ] Other:_____

ISHLT Scientific Councils you wish to be a member of (select as many as you wish):

[ ] Heart Failure and Transplant Med
[ ] Infectious Disease
[ ] Junior Faculty & Trainees
[ ] Mechanical Circulatory Support
[ ] Nursing and Social Sciences
[ ] Pathology and Basic Science
[ ] Pediatric Transplantation
[ ] Pulmonary Arterial Hypertension
[ ] Pulmonary Transplantation

Please indicate any area(s) of research in which you are involved:

[ ] Clinical Research [ ] Basic Science Research [ ] Translational (Hybrid) Research

Subspecialty Research Areas (check all that apply):

[ ] Alternative Therapies to Transplantation
[ ] Basic Science and Immunobiology
[ ] Behavioral Issues
[ ] Cell Tx/Tissue Engineering
[ ] Clinical Research/Alternative Therapies of Tx
[ ] Donor Management & Organ Preservation
[ ] Health Economics/Policy
[ ] Heart Failure
[ ] Heart Transplantation
[ ] Infectious Diseases
[ ] Immunosuppression
[ ] Lung Failure
[ ] Quality Life
[ ] Lung /Heart-Lung Tx
[ ] Mechanical Circulatory Support
[ ] Nursing Sciences
[ ] Pathology
[ ] Pediatric Transplantation
[ ] Post Tx Complications Heart
[ ] Post Tx Complications Lung
[ ] Pulmonary Hypertension
[ ] Xenotransplantation
[ ] Social Sciences

A membership certificate is available for $25. Would you like to order one? [ ] Yes [ ] No

Membership Category applied for: [ ] Regular [ ] Student/Resident (**must include verification letter. See * above**)

Total Amount Due and Enclosed (Membership plus Optional Certificate).....$_____

Payment method: [ ] Check [ ] Visa [ ] Mastercard [ ] American Express [ ] JCB

Card No._____Expiration Date_____

Signature_____

Payment must be in U.S. Dollars. Checks must be drawn on a US bank.
Return to: ISHLT * 14673 Midway Road, Suite 200, Addison, TX 75001 * PHONE: 972-490-9495 * FAX: 972-490-9499