

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION  
APPLICATION FOR MEMBERSHIP

To apply online with credit card go to: [http://ishlt.networkats.com/members\\_online/members/newmember.asp](http://ishlt.networkats.com/members_online/members/newmember.asp)

- A) 2010 dues: \$300 for regular members, \$150 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 \$138 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):**

- |   |   |   |  |                                       |
|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Cardiac Surgeon                      | <input type="checkbox"/> Pediatric Surgeon            | <input type="checkbox"/> Social Sciences  | <input type="checkbox"/> Cardiologist  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardio-Thoracic/Vascular Surgeon     | <input type="checkbox"/> Pediatric Transplant Surgeon | <input type="checkbox"/> Pathologist      | <input type="checkbox"/> Immunologist  |                                       |
| <input type="checkbox"/> Heart Transplant (only) Surgeon      | <input type="checkbox"/> Thoracic Surgeon             | <input type="checkbox"/> Para-Medical     | <input type="checkbox"/> Perfusionist  |                                       |
| <input type="checkbox"/> Lung & Hrt Transplant (only) Surgeon | <input type="checkbox"/> Transplant Coordinator       | <input type="checkbox"/> Pharmacist       | <input type="checkbox"/> Pulmonologist |                                       |
| <input type="checkbox"/> Lung Transplant (only) Surgeon       | <input type="checkbox"/> Nurse                        | <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Research      |                                       |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Heart Failure and Transplant Med | <input type="checkbox"/> Mechanical Circulatory Support          | <input type="checkbox"/> Pediatric Transplantation       |
| <input type="checkbox"/> Infectious Disease               | <input type="checkbox"/> Nursing, Health Science & Allied Health | <input type="checkbox"/> Pulmonary Arterial Hypertension |
| <input type="checkbox"/> Junior Faculty & Trainees        | <input type="checkbox"/> Pathology and Basic Science             | <input type="checkbox"/> 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):**

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

CSC (Credit Card Security Code) \_\_\_\_\_

Card Holder Billing Zipcode/Postal Code (required to process credit card if faxing or mailing: \_\_\_\_\_

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