



INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
2012 APPLICATION FOR MEMBERSHIP

To apply online with credit card go to: http://ishlt.networkats.com/members_online/members/newmember.asp

- A) 2012 dues: \$310 for regular members, \$155 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 _____ PostCode _____

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"/> Anesthesiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Pediatric Surgery | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pediatric Transplant Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Cardio-Thoracic/Vascular Surgery | <input type="checkbox"/> Perfusion | <input type="checkbox"/> Transplant Coordination |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Pharmacy/Pharmacology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Physician Assistant | |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pulmonology | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Basic Science and Translational Research | <input type="checkbox"/> Junior Faculty & Trainees | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Heart Failure and Transplant Medicine | <input type="checkbox"/> Pulmonary Transplantation | <input type="checkbox"/> Mechanical Circulatory Support |
| <input type="checkbox"/> Nursing, Health Science & Allied Health | <input type="checkbox"/> Pediatric Transplantation | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Pharmacy & Pharmacology | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Basic Science Research | <input type="checkbox"/> Translational 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 Zip code/Postal Code (**Mandatory**): _____

Card Holder Billing Street Address (**Mandatory**) _____

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