

PLEASE PASS THIS FORM ALONG TO A COLLEAGUE
AMERICAN SOCIETY OF ANGIOLOGY
Application for Fellowship/Membership - 2010

Contact Information:

Name: _____
(Last) (First) (Middle)

Title: _____

Institution: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Birth: _____
(Date) (Place)

Interests:

Give percentage of time devoted to:

Clinical Vascular Medicine _____%

Vascular Surgery/Radiology _____%

Vascular Research _____%

Vascular Laboratory _____%

Teaching _____%

Clinical Coagulation Lab _____%

Research _____%

Other: _____%

Describe your interest in:

Clinical: _____

Teaching _____

Research: _____

Payment for One-Year Membership (\$375.00) made by:

A 4% processing fee will be added to all credit card orders

Check

MasterCard

Visa

American Express

Account Number _____ Exp. Date _____

Signature: _____ Date: _____

RETURN TO:

Ms. A-M Gailius, Director of Membership

ASA

708 Glen Cove Avenue

Glen Head, NY 11545-1655

Phone: 516-671-1975

Fax: 516-759-5524

Fellow of the ASA (FASA): Established professionals in the field, usually with a doctorate level qualification and/or a senior position in a hospital/university. Medical and scientific staff can apply. A publication record is desirable.

Member of the ASA: For those in training or not satisfying the seniority requirements required for fellowship.