

PLEASE PASS THIS FORM ALONG TO A COLLEAGUE  
AMERICAN SOCIETY OF ANGIOLOGY  
Application for Fellowship/Membership - 2012

**Contact Information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth: \_\_\_\_\_  
(Date MM/YY) (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 (\$385.00) made by:

A 6% processing fee will be added to all credit card orders

Check	MasterCard	Visa	American Express
Account Number _____		Exp. Date _____	
Name on card _____		Card Security Code _____	
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.