



# Association of Pakistani-descent Cardiologists of North America

2653 Teanor Terrace, Wellington FL 33414

[www.apcna.net](http://www.apcna.net)

## APCNA Membership Form

|  |   |
|--|---|
| <i>Name:</i>   |   |
| <i>Address:</i>  |   |
| <i>City:</i>   | <i>State:</i> <i>Zip:</i>   |
| <i>Telephone:</i>  |   |
| <b><i>Email:</i></b>   |   |
| <i>Sub-Specialty:</i>  |   |
| <i>Medical School:</i>   | <i>Graduation Year:</i>   |
| <i>Membership:</i><br><br><i>Mail this form to the<br/>APCNA office address as<br/>noted above</i> | <input type="checkbox"/> Annual Membership: \$100<br><input type="checkbox"/> Associate Membership: \$50<br><input type="checkbox"/> Fellows in Training: Dues Exempt<br><input type="checkbox"/> Life Membership: \$1500<br><b>Special rates - \$1000.00</b>   |
| <i>Payment:</i>  | <input type="checkbox"/> Check: make payable to “APCNA”<br><input type="checkbox"/> Credit cards:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> Other<br><br><input type="checkbox"/> Number: _____<br><br><input type="checkbox"/> Expiration date: _____ Code _____ |
| <i>Signature:</i>  |   |
| <i>Date:</i>   |   |