



# CnAHA

CHINESE AMERICAN HEART ASSOCIATION

## 美国华裔心脏协会

### Membership Application Form

Web: [www.Cnaha.org](http://www.Cnaha.org) eMail: [members@Cnaha.org](mailto:members@Cnaha.org)  
 120 Liberty Street, North Andover, MA 01845

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Medical School Name \_\_\_\_\_

**Please Select Your Subspecialty and Membership Type**

Cardiovascular Subspecialty		Membership Type	
General Adult Cardiology		Technologists	
Cardiovascular Epidemiology & Prevention		Trainees	
Pediatric Cardiology		Administrators	
Adult Cardiology, Cardiac Imaging		Physicians	
Adult Cardiology, Interventional		Scientists	
Adult Cardiology, Electrophysiology		Industry Representatives	
Cardiovascular Surgery		Retirees	
Cardiac Anesthesiology		Nurses, NPs and PAs	
Cardiovascular Research		Others	
Others (please specify):			

**Membership Fees:**

\*Life time membership: \_\_\_\_\_ \$500

\*Regular Membership: \_\_\_\_\_ \$20 per year

Associate Membership: \_\_\_\_\_ Free

\* Life time and Regular membership have the voting rights. Associate membership does not have voting rights.

Please make check payable to Chinese American Heart Association.

Check here if you need to receive a receipt \_\_\_\_\_.

Please mail your check to: **120 Liberty Street, North Andover, MA 01845**

**You can always print the application form online at [www.CnAHA.org](http://www.CnAHA.org)**