MEMBERSHIP FORM

Apply Online: www.hfsa.org/membership
FOR QUESTIONS, CONTACT HFSA AT INFO@HFSA.ORG

GENERAL INFORMATION
Please TYPE or PRINT legibly and complete ALL information requested on this form.

Full name (First, Last, MI): [Blank]
Job Title: [Blank]

Primary Discipline: [ ] MD [ ] DO [ ] MS [ ] ARNP [ ] RN [ ] NP [ ] PharmD [ ] RPh [ ] PA [ ] Other: [Blank]

Degree/Credentials: [Blank]

No Degree/Credentials [ ]

PREFERRED MAILING ADDRESS INFORMATION

Institution: [Blank]
Department: [Blank]

Address 1: [Blank]
Address 2: [Blank]

City: [Blank] State/Province: [Blank] Zip/Postal Code: [Blank]

Country: [Blank] Business Phone: [Blank]

E-mail: [Blank]

MEMBERSHIP CATEGORY

2020 Rates (Primary)
- [ ] Physician - $399 (MDs, DOs or equivalent engaged in heart failure practice or research, located in the U.S.)
- [ ] Nurse/Nurse Practitioner - $200 (Nurses, Nurse Practitioners, or equivalent engaged in heart failure practice or research, located in the U.S.)
- [ ] Pharmacist/Pharmacologist - $200 (Pharmacists, Pharmacologists, or equivalent, engaged in heart failure practice or research, located in the U.S.)
- [ ] Physician Assistant - $200 (PAs or equivalent engaged in heart failure practice or research, located in the U.S.)
- [ ] International - $349 (Physicians, nurses, pharmacists, scientists, researchers, professors, or equivalent located outside of the U.S. engaged in heart failure practice or research.)
- [ ] Trainee - $75 (Individuals enrolled as full-time medical students, residents, fellows, undergraduate students, and pre- and postdoctoral trainees.)

A letter of verification on institute letterhead, including the end of training date from the training program director, is required with payment of dues.

- [ ] Scientist/Researcher/Academia - $200 (Scientists, researchers, professors, or equivalent engaged in heart failure practice or research.)
- [ ] Non-Medical/Industry - $200 (Non-medical members of the heart failure team, such as technicians, pharmaceutical/industry representatives, administrative and allied personnel, who are engaged in heart failure practice or research.)
- [ ] Patient/Caregiver - $15 (Heart failure patients and caregivers who want greater involvement in building awareness and acting as an advocate for the heart failure patient and caregiver community)

Career Level in Heart Failure: [ ] Early (0-5 yrs) [ ] Mid (6-15 yrs) [ ] Established (15+ yrs) Clinical Practice: [ ] Yes [ ] No

Present Interest in Heart Failure: [ ] Advocacy [ ] Devices [ ] Drugs [ ] Education [ ] Research

MEMBER PROFILE

Professional Education and Training

Dates Attended [Blank] Degree [Blank]

COMMUNICATION PREFERENCES

E-mail Release (If you do not check boxes below you will receive future email notifications from HFSA and 3rd parties, but can unsubscribe at any time.)

- [ ] I would like to opt out of receiving any email updates from 3rd parties only.
- [ ] I would like to opt out of receiving any email updates from HFSA or 3rd parties.
- [ ] I do NOT want my name, address or email to appear on mailing lists shared with vendors or third parties.

PAYMENT INFORMATION

Dues Amount: $ [Blank] Total Charged: $ [Blank]

* I would like to make an additional voluntary donation of: [ ] $100 [ ] $250 [ ] $500 [ ] $1,000 [ ] Other: [Blank]

* Contributions to HFSA are tax deductible as a charitable contribution. Membership dues are not deductible as a charitable expense but may be deductible as an ordinary and necessary business expense. Please check with your accountant.

- [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS [ ] CHECK (Made payable to Heart Failure Society of America)

Account Number: [Blank] Expiration Date (MM/YY): [Blank]

Cardholder Name: [Blank] Signature: [Blank]

Mail this completed form to: Heart Failure Society of America, 9211 Corporate Blvd., Suite 270, Rockville, MD 20850.
Or send via email to: info@hfsa.org. Apply online at hfsa.org/membership.