



Professional Membership Application/Profile Update

DATE OF APPLICATION: _____ DATE OF BIRTH: _____	RACE/ETHNIC BACKGROUND (OPTIONAL) Please check one of the following: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
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NAME / DEMOGRAPHIC DATA

Last Name _____ First Name _____ Middle Initial _____ Degrees _____
 Medical School _____ Year of Graduation _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
BUS. ADDRESS: _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

As an ABC member, you may include your business profile information in the online ABC Member Directory. The Directory is an important member benefit that allows members to connect with each other and serve as a resource for patients seeking cardiologists in a specific state.

If you DO NOT wish to be listed in online directory, please check the box.

MEMBERSHIP CATEGORIES	LIFE MEMBERSHIP
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<input type="checkbox"/> FULL MEMBERSHIP \$ 350.00 <input type="checkbox"/> ALLIED PROFESSIONAL \$125.00 <input type="checkbox"/> HEALTH PROFESSIONAL \$125.00 <input type="checkbox"/> CARDIOLOGISTS-IN-TRAINING (CIT) \$ 88.00 <input type="checkbox"/> EMERITUS (RETIRED) \$ 50.00 <input type="checkbox"/> MEDICAL STUDENTS, RESIDENTS, INTERNS, FELLOWS (non CV) \$ 50.00 <input type="checkbox"/> SUPPORTING ORGANIZATIONS \$ 1,000.00 <input type="checkbox"/> HOSPITAL AND HEALTH SYSTEMS \$ 2,500.00	<input type="checkbox"/> LIFE MEMBERSHIP (Payable in 3 years).....\$5,250.00 _____ \$5,250 _____ \$1,750** (1 st installment) \$ _____ Total enclosed (including dues) **Please note membership dues will continue to be payable until Life Member status is reached.
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METHOD OF PAYMENT: MEMBERSHIP DUES -ANNUAL AWARDS DINNER- TAX-DEDUCTIBLE DONATION

Checks Payable To: Association of Black Cardiologists, Inc. **TAX-DEDUCTIBLE DONATION**
 Check (drawn on US Bank in US Dollars) ___ Business ___ Personal ___ Institution Check# _____ AMOUNT \$ _____
 Credit Card ___ MasterCard ___ Visa ___ American Express ANNUALLY QUARTERLY
 Card Number _____ Expiration date _____ CVV Code# _____ MONTHLY ONE TIME GIFT
 Name as it appears on card _____

 Signature _____ AMOUNT DUE: \$ _____
AMOUNT PAID \$ _____