

Membership Application



In a hurry? Apply online at www.HRSONline.org/Join

General Information

Prefix _____ First Name _____ Middle Initial _____
Last Name _____
Informal/Nickname _____ Suffix _____
Professional Degree(s) (MD, DO, PhD, RN, etc.) _____
Job Title _____

Employer Mailing Address

Name of Practice/Institution _____
Department _____
Address 1 _____
Address 2 _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____ Mobile _____
Fax _____ Email _____

Home Mailing Address

Address 1 _____
Address 2 _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____ Mobile _____
Fax _____ Email _____

Member Profile

Primary Occupation: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Training: Fellow-in-Training | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Training: Medical Student/
Intern/Resident | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Manager/Administrator |
| <input type="checkbox"/> Scientist | <input type="checkbox"/> Sales/Marketing/Product
Development |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Technician/Technologist |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Genetics Counselor |
| <input type="checkbox"/> Other _____ | |

Primary Work Environment: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Hospital (Academic) |
| <input type="checkbox"/> Electrophysiology Private Practice | <input type="checkbox"/> Hospital (Non-Academic) |
| <input type="checkbox"/> Multi-discipline Cardiology
Private Practice | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Health Maintenance Organization/
Preferred Provider Organization | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Other _____ | |

Preferred billing address:

- Home Employer

Preferred mailing address:

- Home Employer

Preferred email address:

- Home Employer

Find a Heart Rhythm Specialist:

- Please check here if you want your name, business address, and phone number published on this publicly searchable database found on the Society's website. *(Physicians only)*

Communities of Practice:

I would like to join the following Communities of Practice, where members engage and share knowledge on common interests:

- | | |
|--|---|
| <input type="checkbox"/> Advanced Imaging | <input type="checkbox"/> Emerging Leaders |
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Florida |
| <input type="checkbox"/> U.S. Veterans Affairs | <input type="checkbox"/> Women in EP |

Gender:

- Male Female Choose not to reply

Date of Birth: ____ / ____ / ____ (Month/Day/Year)

