

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)

Years Out of Training: *(Check one)*

- In Training 1 – 5 years 6 – 10 years
 11 – 20 years 21+ years

Primary Area of Practice/Specialty: *(Check one)*

- Basic Research Science Hypertrophic Cardiomyopathy
 Translational Research Science Interventional Cardiology
 Clinical Research Science Pediatric Cardiology
 Clinical Electrophysiology Pediatric Electrophysiology
 Clinical Cardiology Surgery
 Heart Failure
 Other _____

Secondary Areas of Practice/ Specialty: *(Check all that apply)*

- Basic Research Science Clinical Electrophysiology
 Hypertrophic Cardiomyopathy Pediatric Electrophysiology
 Translational Research Science Clinical Cardiology
 Interventional Cardiology Surgery
 Clinical Research Science Heart Failure
 Pediatric Cardiology

I am currently certified in:

- Physicians:** **Exp. Mo/Yr**
- Clinical Cardiac Electrophysiology _____
 Cardiovascular Disease _____
 Echocardiology _____
 Internal Medicine _____
 Other: _____

- Allied Professionals:** **Exp. Mo/Yr**
- Registered Nurse _____
 Nurse Practitioner _____
 Critical Care Registered Nurse _____

- Interventional Cardiology _____
 Pediatric Cardiology _____
 General Surgery _____
 Nuclear Cardiology _____
 Thoracic Surgery _____

- Advanced Practice Nurse _____
 Certified Cardiovascular Technician _____
 Other: _____

Membership Fees

| Category | US | Int'l |
|---|-------|-------|
| <input type="checkbox"/> Affiliate Physician or Scientist MD, PhD, etc., but in training or postdoc. | Free | Free |
| <input type="checkbox"/> Physician, first year out of training | \$210 | \$152 |
| <input type="checkbox"/> Physician, second year out of training | \$419 | \$304 |
| <input type="checkbox"/> Physician | \$635 | \$460 |
| <input type="checkbox"/> Allied Health Professional Health care provider such as registered nurse, nurse practitioner, or engineer. | \$129 | \$90 |
| <input type="checkbox"/> Scientist Those who do not provide health care who hold an advanced academic degree and either a faculty or research position. | \$295 | \$215 |

All fees are in US dollars

Membership provides many benefits, including:

- Registration discounts, including for Heart Rhythm, the annual HRS Scientific Sessions
- Subscription to **HeartRhythm** Journal
- Free and discounted education in the HRS Learning Center
- Networking opportunities including the Communities of Practice, online Member Directory, HRS eCommunity, and LinkedIn

Find out more at www.HRSonline.org/Join

Payment Information *(US dollars)*

Dues Amount: \$ _____ Voluntary Donation to HRS: \$ _____

- Visa MasterCard AMEX

Cardholder's Name: _____

Cardholder's Signature: _____

Credit Card Number

Exp. Date (month/year)

Card Security Code (3 or 4 digit code on the front or back of card)

Application Processing Fee:

Partial applications that are not completed within 60 days of submission will be closed and assessed a non-refundable, non-transferable, \$75 application processing fee. I have read the statement above and agree to its terms.

Applicant's Signature: _____

Name of colleague who referred you: _____

To submit your application:

- Attach your CV, resume, or biosketch
- Include pre-payment of dues
- All Affiliate applicants must submit the fellowship confirmation form found at www.HRSonline.org/affiliate. Pre-payment of dues is not required.

Mail, fax or email your materials to:

Heart Rhythm Society
P.O. Box 712
Annapolis Junction, MD 20701
USA

Fax: +1-240-241-5476
Email: membership@HRSonline.org

Questions? Call or email the Membership Department at +1-202-464-9855 or membership@HRSonline.org