



Membership Application
Professional Opportunities for Nurses in Cardiovascular
Risk Reduction and Disease Management

Name: _____ Degree(s): _____
 Place of Employment: _____
 Mailing Address: Work Home _____
 City: _____ State/Province: _____ Zip/PC: _____ Country: _____
 Phone: (____) _____ Email: _____
 (Email address required to access online benefits - PCNA does not sell or share email addresses)

Please take a few moments to tell us about yourself:

Optional:

Gender: Male Female
 Ethnicity: African-American Asian Caucasian Hispanic Indian Other: _____

Who is your employer? (Please choose only one)

- Hospital University VA HMO
- Inpatient or Outpatient (Please choose only one)
 ___ Acute Care ___ Preventive Cardiology ___ Step Down/Telemetry Unit
 ___ Heart Failure ___ Cath Lab ___ Cardiac Rehab ___ Research ___ Teaching
 ___ Other: _____
- Public Health Department
 Free-Standing Cardiac Rehab Clinic
 Physician Practice
- ___ Cardiology ___ Internal Medicine ___ Pediatrics ___ Endocrinology ___ Women's Health ___ Family Med/Primary Care
- Other: _____

Please select your professional category: (Please choose only one)

- RN CNS Physician Diabetes Educator Corporate Rep PA
 NP RD Pharmacist Exercise Physiologist Other: _____

How did you hear about PCNA?

- PCNA Member Pocket Guide PCNA Chapter Meeting
 Colleague PCNA Website Educational Conference (specify below)
 Mailing (specify below) Other Website (specify below)
 Specify: _____

Please note your primary reason for joining PCNA: (Please choose only one)

- Reduced registration fees to the Annual Symposium PCNA Chapter membership
 Industry updates Continuing education opportunities
 Publications Subscription to JCN
 Networking opportunities Leadership opportunities
 Other: _____

Payment options:

- 1 year membership \$75.00
 2 year membership \$145.00
 Student \$50.00 (Students must take at least 12 credits. Submit a copy of your student ID with application.)

Check Credit card (American Express, Mastercard, Visa)

Card Number: _____ Expiration Date: _____
 Name on Card: _____ Signature: _____