



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	___ Cardiac Rehab	___ Preventive Cardiology	___ Research
___ Step Down/Telemetry Unit	___ Research	___ Heart Failure	___ Teaching
___ Cath Lab	___ Teaching	___ CV Risk Reduction	
___ Other: _____		___ Other: _____	

Public Health Department
 Free-Standing Cardiac Rehab Clinic
 Physician Practice
 ___ Cardiology ___ Internal Medicine ___ Pediatrics ___ Endocrinology ___ Women's Health ___ Family Med/Primary Care

Self-Employed
 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?

<input type="checkbox"/> PCNA Member	<input type="checkbox"/> Mailing (specify below)	<input type="checkbox"/> PCNA Chapter Meeting
<input type="checkbox"/> Journal of Cardiovascular Nursing	<input type="checkbox"/> Colleague	<input type="checkbox"/> Other Website (specify below)
<input type="checkbox"/> Pocket Guide	<input type="checkbox"/> PCNA Website	<input type="checkbox"/> Educational Conference (specify below)
<input type="checkbox"/> Other	Specify: _____	

What do you find most valuable among PCNA's Offerings? (Please choose only one)

<input type="checkbox"/> Reduced registration fees to the Annual Symposium	<input type="checkbox"/> Subscription to JCN
<input type="checkbox"/> PCNA Chapter membership	<input type="checkbox"/> Networking opportunities
<input type="checkbox"/> Continuing education opportunities	<input type="checkbox"/> Industry updates
<input type="checkbox"/> Publications that come with membership	<input type="checkbox"/> Leadership opportunities
<input type="checkbox"/> 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: _____

Please return completed application and payment to:
 PCNA, 613 Williamson St., Ste. 200, Madison, WI 53703
 Phone: (608) 250-2440 Fax: (608) 250-2410 Email: info@pcna.net Web: www.pcna.net