



American Society of Nuclear Cardiology
4340 East-West Highway, Suite 1120
Bethesda, MD 20814-4578
301-215-7575 • 301-215-7113
info@asn.org • www.asnc.org

Application For: ASNC International Emerging Markets Member

(Formerly International Developing Country Member)

Applicants must complete all fields of the application. Please enter "N/A" for all non-applicable fields.

FULL NAME: *(As you would like it to appear on your ASNC Membership Certificate)*

FIRST NAME

MIDDLE NAME OR INITIAL

LAST NAME

PROFESSIONAL DEGREES: *(Please check all applicable degrees)* MD PhD DO MB BS MB ChB Other _____

PREFERRED MAILING ADDRESS: Work Home *(Check one)* Please note that ASNC does not sell phone numbers or e-mail addresses.

ADDRESS TO LIST IN MEMBERSHIP DIRECTORY: WORK HOME NONE *(Check one)*

COMPANY NAME / DEPARTMENT

WORK STREET ADDRESS

CITY

REGION/PROVINCE

COUNTRY

ZIP/POSTAL CODE

PHONE

FAX

E-MAIL *(required)*

HOME STREET ADDRESS

CITY

REGION/PROVINCE

COUNTRY

ZIP/POSTAL CODE

GENDER: MALE FEMALE

DATE OF BIRTH: ____/____/____

PROFESSIONAL WORK SETTING:

Solo Practice Group Practice Hospital Academic Industry Other: _____

OCCUPATION:

Physician Technologist Scientist Research Industry Nurse PA NP

LANGUAGE:

Native Language: _____ Second Language: _____

PRIMARY MEDICAL SPECIALTY:

Nuclear Cardiology General Cardiology Nuclear Medicine Echocardiography Radiology CT Cardiology
MR Cardiology Other: _____

SECONDARY MEDICAL SPECIALTY: *(Check all that apply)*

Nuclear Cardiology General Cardiology Nuclear Medicine Echocardiography Radiology CT Cardiology
MR Cardiology Other: _____

EDUCATION AND TRAINING: (Complete all that apply)

	Name of Institution	Location (city & country)	Graduation Date *	Degree
College or University				
Medical School				
Training Program(s)				

*If you are a **CURRENT** Fellow or Resident, please list **expected** completion date

MEDICAL PRACTICE OR ACADEMIC APPOINTMENT: (Check and complete one option)

Licensed or certified to practice medicine OR Academic or research appointment

Name of authorizing body Name of institution

Name of authorizing body Name of institution

MEDICAL SOCIETY MEMBERSHIPS: (National Country or International Society e.g., ACC, EANM, ESC, etc.)

Name of Society

Address

All applicants must answer the following question:

Have you ever had disciplinary action taken against you at any time by a medical society, academic institution or government agency? Yes No

PAYMENT INFORMATION:**International Emerging Markets Membership \$75**

Please charge my: Visa MasterCard American Express

Check Enclosed (in **USD** only): Personal #: _____ Company #: _____

CARD NUMBER

EXPIRATION DATE

SECURITY CODE (3/4 DIGIT CODE)

SIGNATURE

PRINTED NAME ON CARD

Note: Please check the Statement of Intent below to activate your membership.

I hereby certify that all information on this application and any attached documents are accurate, and agree that the American Society of Nuclear Cardiology may verify any of the above data. I agree to conform to the Bylaws of the Society. I understand that the submission of false information or statements in this application may be grounds for future disciplinary action against my membership in the Society, including but not limited to revocation or suspension.

PERSONAL SIGNATURE OF APPLICANT

DATE

*Please note that applications will not be processed without agreement to the statement above, signature and completion of the application.