



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

## **ASNC Membership Application For Practice Administrators**

**For faster processing apply at [www.asnc.org/joinasnc](http://www.asnc.org/joinasnc). Application must be fully completed, enter "N/A" in non-applicable fields.**

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

<b>FIRST NAME</b>	<b>MIDDLE NAME OR INITIAL</b>	<b>LAST NAME</b>
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**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 STATE COUNTRY ZIP/POSTAL CODE

PHONE FAX **E-MAIL (required)**

HOME STREET ADDRESS

CITY STATE COUNTRY ZIP/POSTAL CODE

**GENDER:** MALE FEMALE **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROFESSIONAL WORK SETTING:**

Solo Practice Group Practice Hospital Academic Industry Other: \_\_\_\_\_

**PRACTICE MEDICAL SPECIALTY:** (Check one)

Nuclear Cardiology General Cardiology Nuclear Medicine Echocardiography Radiology CT Cardiology MR Cardiology  
Other: \_\_\_\_\_

**EDUCATION:** (Required for ALL applicants. Please list highest degree.)

NAME OF INSTITUTION CITY COUNTRY GRADUATION DATE DEGREE SUBJECT(S)

**MEDICAL SOCIETY MEMBERSHIPS:** (e.g. ACC, AMA, ASE, SNMMI, etc.) \_\_\_\_\_

PERSONAL SIGNATURE OF APPLICANT (required)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**PAYMENT INFORMATION:** MedAxiom Member (\$75)\*with verification Non-MedAxiom Member (\$100)

Please charge my: Visa MasterCard American Express

Check Enclosed (in USD only): Personal #: \_\_\_\_\_ Company #: \_\_\_\_\_

CARD NUMBER	EXPIRATION DATE	SECURITY CODE (3/4 DIGIT CODE)
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PRINTED NAME ON CARD	CARDHOLDER SIGNATURE
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