



American Society of Nuclear Cardiology  
9302 Lee Hwy Suite 1210  
Fairfax, VA 22031

## **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)

FIRST NAME

MIDDLE NAME OR INITIAL

LAST NAME

**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)

**PRINTED NAME ON CARD**

**CARDHOLDER SIGNATURE**