

ASSOCIATION OF BLACK CARDIOLOGISTS, INC.

2400 N Street, NW
 Suite 200
 Washington, DC 20037
 Phone: 800-753-9222
 www.abccardio.org



Professional Membership Application/Profile Update

DATE OF APPLICATION: _____ DATE OF BIRTH: _____	RACE/ETHNIC BACKGROUND (OPTIONAL) Please check one of the following: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
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NAME / DEMOGRAPHIC DATA

Last Name _____ First Name _____ Middle Initial _____ Degrees _____
 Medical School _____ Year of Graduation _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

BUS. ADDRESS: _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

As an ABC member, you may include your business profile information in the online ABC Member Directory. The Directory is an important member benefit that allows members to connect with each other and serve as a resource for patients seeking cardiologists in a specific state.

If you DO NOT wish to be listed in online directory, please check the box.

MEMBERSHIP CATEGORIES	LIFE MEMBERSHIP
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<input type="checkbox"/> FULL MEMBERSHIP\$ 350.00 <input type="checkbox"/> CLINICAL CARE ASSOCIATE\$125.00 <input type="checkbox"/> CARDIOLOGISTS-IN-TRAINING (CIT)\$ 88.00 <input type="checkbox"/> EMERITUS (RETIRED).....\$ 50.00 <input type="checkbox"/> MEDICAL STUDENTS, RESIDENTS, INTERNS, FELLOWS (non CV)..... \$ 50.00 <input type="checkbox"/> SUPPORTING ORGANIZATIONS.....\$ 1,000.00 <input type="checkbox"/> HOSPITAL AND HEALTH SYSTEMS.....\$ 2,500.00	<input type="checkbox"/> LIFE MEMBERSHIP (Payable in 3 years)..... \$5,250.00 _____ \$5,250 _____ \$1,750** (1 st installment) \$ _____ Total enclosed (including dues) **Please note membership dues will continue to be payable until Life Member status is reached.
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ANNUAL ABC AWARDS DINNER

(date and location to be determined)

ABC invites you to purchase your ticket(s) to attend the *Annual Spirit of the Heart Awards Dinner*. This inspirational event highlights ABC's commitment and recognition of accomplishments toward the ABC mission to end the devastating effects of cardiovascular disease on underserved people. Join us at this inspiring gala event along with guests from business, government, medicine, and media organizations who collectively shape the future of healthcare through the power of philanthropy. **Funds raised during the annual event support the Association's ongoing outreach, education, research and advocacy for cardiovascular health and heart disease prevention.**

Annual Awards Dinner Ticket.....\$ 1,000

METHOD OF PAYMENT: MEMBERSHIP DUES •ANNUAL AWARDS DINNER• TAX-DEDUCTIBLE DONATION

Checks Payable To: Association of Black Cardiologists, Inc. **TAX-DEDUCTIBLE DONATION**

Check (drawn on US Bank in US Dollars) ___ Business ___ Personal ___ Institution Check# _____ AMOUNT \$ _____

Credit Card ___ MasterCard ___ Visa ___ American Express ANNUALLY QUARTERLY

Card Number _____ Expiration date _____ CVV Code# _____ MONTHLY ONE TIME GIFT

Name as it appears on card _____

Signature _____ AMOUNT DUE: \$ _____

AMOUNT PAID \$ _____