



# FOUNDATION FOR ADVANCES IN MEDICINE AND SCIENCE, INC.

P.O. Box 832, Mahwah, NJ 07430-0832, USA

Phone: 201-818-1010 • Fax 201-818-0086

E-mail: [clinicalcardiology@fams.org](mailto:clinicalcardiology@fams.org) • Internet: [www.clinicalcardiology.org](http://www.clinicalcardiology.org)

## MEMBERSHIP APPLICATION FORM, SECTION ON MEDICINE

*Mission: FAMS is a non-profit educational organization dedicated to the advancement of medicine and science worldwide via the exchange of knowledge and information*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

### Education:

Degree \_\_\_\_\_ Year \_\_\_\_\_ College or University \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ College or University \_\_\_\_\_

### ANNUAL MEMBERSHIP LEVELS:

Leadership: ..... \$ 1,000.00

Participating: ..... \$ 200.00

Member at Large ..... \$ 50.00

Please enroll me as a \_\_\_\_\_ member for the next 12 months.

Check enclosed     Bill me

Charge my     Mastercard     VISA     AMEX

Account No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_