

Connecticut Society for Cardiac Rehabilitation (CSCR) Membership Application (2021, 2022, 2023)

Directions: Please complete the entire form and print clearly. All of the information below is for the sole use of the CSCR and will not be given to other organizations. **Note that the majority of correspondence is conducted via email.**

Last Name: _____ First Name: _____

Professional Suffix(es) (include those you prefer to be listed next to your name for mailings, for example: BS, MS, RN, APRN, RCEP, PhD, PA-C, etc.): _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

Phone (include area code): Home: _____ Work: _____

Name of Affiliation/Employer: _____

Cardiac rehabilitation program director/manager/coordinator? Yes No

Currently serve on the CSCR Executive Committee? Yes No

Member of American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)? Yes No

Member of the American College of Sports Medicine (ACSM)? Yes No

Currently a student @ _____

Highest Academic Degree (check one): MD PhD MS or MA BS or BA
 Other (explain) _____

Field of Expertise (check all that apply): Nursing Exercise Physiology Physical Therapy
 Social Work Dietary Other (explain): _____

Annual professional membership fee is \$60. Student fee is \$25 (copy of student ID required).
Please make checks payable to CSCR.

Mail to: Linda Reed
Bristol Hospital Cardiac Rehabilitation Center
41 Brewster Rd.
Bristol CT. 06010

For Office Use Only:

Date payment received: _____ Amount: \$ _____ Check number: _____

Date payment received: _____ Amount: \$ _____ Check number: _____

Date payment received: _____ Amount: \$ _____ Check number: _____