



Association of Physician Assistants in Cardiovascular Surgery

2012 Membership Renewal

Name: _____
Last First Middle

Credentials: _____

Street Address: _____

City State Zip

Phone: _____ Fax: _____

Email: _____

Membership:

- Active with \$10 donation to PAs in Cardiovascular Surgery (\$175)
- Active (\$165)
- Fellow with \$10 donation to PAs in Cardiovascular Education (\$175)
- Fellow (\$165)
- Resident (\$75)
- Student (\$25)

Please make check payable to APACVS and mail to:

**APACVS
Attn: Kim Shapland
P.O. Box 674867
Marietta, Georgia 30006**