



SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS

MEMBERSHIP APPLICATION

2209 Dickens Road, Richmond, VA 23230-2005

Phone (804) 282-0084 • Fax (804) 282-0090 • Email sca@societyhq.com • www.scahq.org

Name	(Last)	(First)	(MI)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other
------	--------	---------	------	---

Preferred Mailing Address

City	State/Country	Zip/Postal Code	Office Phone	Office Fax
------	---------------	-----------------	--------------	------------

E-mail address	Type of Practice: <input type="checkbox"/> Private <input type="checkbox"/> University <input type="checkbox"/> Government <input type="checkbox"/> Other
----------------	---

Board Certified? Yes No Specialty: _____ Board Eligible? Yes No Specialty: _____

I AM APPLYING FOR: (SEE ELIGIBILITY REQUIREMENTS BELOW)

<input type="checkbox"/> Active SCA \$175	<input type="checkbox"/> Associate SCA \$175	<input type="checkbox"/> SCA Career Scientist \$175	SCA/IARS/SPA/SAMBA/ISAP/STA <input type="checkbox"/> Resident \$75 <input type="checkbox"/> Fellow \$75
<input type="checkbox"/> Active SCA/IARS \$210	<input type="checkbox"/> Associate SCA/IARS \$210	<input type="checkbox"/> SCA/IARS Career Scientist \$210	Residency/Fellowship Ends: (mm/dd/yy) / /

Already an IARS member?
 Become a joint active SCA/IARS member for \$90. Become a joint associate SCA/IARS member for \$90. (SCA will verify IARS membership)

ELIGIBILITY REQUIREMENTS

Active Members	Associate Members	Career Scientists	SCA/IARS/SPA/SAMBA/ISAP/STA Resident /Fellow
<ul style="list-style-type: none"> • Diplomate of the American Board of Anesthesiology, or other international equivalent. • Possession of a degree of doctor of medicine, bachelor of medicine, doctor of osteopathy or other international equivalent. • Possession of a valid license to practice medicine. 	<ul style="list-style-type: none"> • Completion of an anesthesia residency training program accredited by the ACGME, the American Osteopathic Association or other international equivalent. • Possession of a degree of doctor of medicine, bachelor of medicine, doctor of osteopathy or other international equivalent. • Possession of a valid license to practice medicine. 	<ul style="list-style-type: none"> • Career scientist actively involved in research relating to thoracic or cardiovascular anesthesia or related fields of medicine. • Possession of a doctor of philosophy degree. 	<ul style="list-style-type: none"> • Physician in an approved anesthesiology training program accredited by ACGME, the American Osteopathic Association or other international equivalent. • Possession of a degree of doctor of medicine, bachelor of medicine, doctor of osteopathy or other international equivalent. • Signature of director of resident/fellow program required below.

MEMBERSHIP INCLUDES

Joint SCA/IARS Membership	SCA Membership	Joint SCA/IARS/SPA/SAMBA/SIVA/STA Resident/Fellow
<ul style="list-style-type: none"> • Subscription to <i>Anesthesia & Analgesia</i> • Annual SCA Monograph • Annual IARS review course lectures book • Six issues of the SCA Newsletter • Reduced fees for the annual meeting of both SCA & IARS • Eligibility for workshops at the SCA annual meeting • Availability of starter and mid-career grants from SCA and research grants from IARS • Access to member only section on SCA website offering online membership directory and other members only benefits • Reporting of MOCA 	<ul style="list-style-type: none"> • Subscription to <i>Anesthesia & Analgesia</i> • Annual SCA Monograph • Six issues of the SCA newsletter • Reduced fees for meetings • Eligibility for workshops at the SCA annual meeting • Availability of starter grants and mid-career from SCA • Access to member only section on SCA website offering online membership directory and online CME activities • Reporting of MOCA 	<p>In addition to a monthly subscription to <i>Anesthesia & Analgesia</i>, joint resident membership provides numerous benefits from the six participating societies. Contact IARS (216-642-1124 for information about additional member benefits.)</p>

Signature, Director of Residency Program (Resident/Fellow Only) _____ Applicant Signature (All Applicants) _____

VISA MasterCard American Express Discover NO DEBIT CARDS ACCEPTED

Check — If paying by check, check must be payable to SCA (US FUNDS ONLY), and mailed to SCA, 2209 Dickens Rd, Richmond, VA 23230-2005.

Card No. _____ Exp. Date _____

Signature _____ Name Printed on Card _____