



SCAI Fellow-in-Training Membership Application

The Society for Cardiovascular Angiography and Interventions Foundation • (800) 992-7224 • Fax (800) 992-7224
1100 17th Street NW, Suite 330, Washington, DC 20036 • www.SCAI.org • www.SCAI.org

Become a SCAI Fellow-in-Training Member today for **FREE**

CONTACT INFORMATION

Name (Last, First, MI): _____ Gender: Male Female

Organization: _____ Degree(s): MD PhD DO MBBS Other

Address Type (Preferred): Business Home Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email (required): _____ Phone: _____

Twitter Handle (optional): _____ Fax: _____ Mobile: _____

How did you become aware of SCAI? Advertisement Email Already Aware www.SCAI.org

Colleague: _____ Other: _____

APPLICANT AGREEMENT

SIGN ME UP!

I would like to become an **SCAI Fellow-in-Training Member** for **FREE**. SCAI Fellow-in-Training members receive a **FREE** online subscription to **Catheterization & Cardiovascular Interventions (CCI)**.

I am currently in an interventional training program. Verification of training dates required.

Start Date: _____

End Date: _____

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liability The Society for Cardiovascular Angiography and Interventions Foundation and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership in The Society for Cardiovascular Angiography and Interventions Foundation for which I now apply.

I hereby agree that The Society for Cardiovascular Angiography and Interventions Foundation may verify any of the above data. If approved for membership, I agree to conform to the Code of Ethics and Bylaws of the Society (available upon request).



Signature: _____ Date: _____

SCAI staff will follow up with you for missing documentation

OA



MAIL SCAI
1100 17th Street NW, Suite 330
Washington, DC 20036



ONLINE
www.SCAI.org/JOIN

QUESTIONS?
Call (800) 992-SCAI