



**INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
APPLICATION FOR MEMBERSHIP**

[Save Time. Apply Securely Online.](#)

- (A) Membership dues are \$345 for regular members, \$170 for student/resident members and must be renewed annually in January.
- (B) Membership includes \$127 for an annual subscription to the *Journal of Heart and Lung Transplantation* (JHLT).
- (C) Student/resident membership is available to residents, fellows, medical students, nursing students and graduate students. Applicants must submit a letter signed by the Chief/Dean of their program verifying their training status.

Full Name _____
Last First M.I. Professional Degree(s)

Institutional/Organization Name _____

Mailing Address Home Business

City _____ State/Province _____ Country _____ Post Code _____

Telephone _____ Fax _____

Email Address (**REQUIRED**: PRINT CLEARLY) _____

Professional Specialty (check one box only):

- | | | |
|---|---|---|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Nursing | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Pediatric Pulmonology | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Pediatric Transplant Surgery | <input type="checkbox"/> Transplant Coordinator |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Perfusion | <input type="checkbox"/> VAD Coordinator |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pharmacy/Pharmacology | <input type="checkbox"/> Other: _____ |

Primary Professional Community (check one box only):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Anesthesiology and Critical Care | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Nursing and Allied Health | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Pediatrics | |

Area of Interdisciplinary Interest (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Advanced Heart Failure and Transplantation | <input type="checkbox"/> Mechanical Circulatory Support |
| <input type="checkbox"/> Advanced Lung Failure and Transplantation | <input type="checkbox"/> Pulmonary Vascular Disease (PAH & CTEPH) |

I would like to appear in ISHLT's membership directory? YES NO

I agree to have my information shared with ISHLT's partners and industry partners: YES NO

Do you wish to **OPT OUT** of receiving the print JHLT and receive only the online version? YES NO

If no, provide a mailing address:

N/A Same as Primary Address **-OR-** Home Business

City _____ State/Province _____ Country _____ Post Code _____

Are you an **Early Career Professional** (*training completed < six years ago*)? YES NO

If yes, what year was your formal training completed? _____

Membership Category applied for: Regular \$345 Student/Resident \$170 **Must include verification letter. See (C) above.**

Payment method: Check Visa Mastercard American Express Discover JCB

Card No. _____ Expiration Date _____

CSC (Credit Card Security Code) _____ Card Holder Billing Zip Code/Postal Code (**Required**) _____

Card Holder Billing Street Address (**Required**) _____

Name on Card _____ Signature _____

Payment must be in U.S. Dollars. Checks must be drawn on a U.S. bank.
ISHLT | 14673 Midway Road, Suite 200, Addison, TX 75001 USA | PHONE: +1-972-490-9495 | ishlt@ishlt.org

***** DO NOT FAX OR EMAIL CREDIT CARD PAYMENTS. [APPLY SECURELY ONLINE.](#) *****