



The Congenital Cardiac Anesthesia Society

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CHARTER MEMBERSHIP APPLICATION

CONTACT NAME (Last)		(First)	(MI)	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> PhD
<input type="checkbox"/> CRNA <input type="checkbox"/> Other:						
INSTITUTION						
MAILING ADDRESS *NO P.O. BOX ADDRESS ACCEPTED						
CITY			STATE/COUNTRY	ZIP/POSTAL CODE		
OFFICE PHONE	FAX	EMAIL				

BENEFITS OF CHARTER CCAS MEMBERSHIP

- EDUCATION** – Organizing high quality, in depth educational programs on the national and international levels.
- COLLABORATION** – Bringing together Society members for discussion of clinical care, education, and research for the anesthetic care of patients with congenital heart disease.
- COORDINATION** – Coordinating with and supporting the goals and objectives of other related societies.
- RESEARCH** – Encouraging and promoting research in the field of congenital cardiac anesthesia.
- DATABASE** – Organizing and maintaining a multi-institutional database of the anesthetic care of patients with congenital heart disease.
- TRAINING** – Assisting in developing and supporting guidelines for residency and fellowship training for congenital heart disease, with the SPA and Society of Cardiac Anesthesiologists.
- ADVOCACY** – Advocating for high quality anesthetic and perioperative care for patients with congenital heart disease.

I HEREBY MAKE APPLICATION FOR CCAS MEMBERSHIP:

While the Charter Membership fee is \$1,000, contributions greater than that amount will be gratefully accepted. Thank you for your support of CCAS, and the CCAS Organizing Committee looks forward to a long a productive association with your institution.

<input type="checkbox"/> Charter Membership	\$1,000
<input type="checkbox"/> Additional Donation (Amount greater than \$1,000)	\$ _____
TOTAL	\$ _____

PAYMENT OPTIONS

- Check or Money Order Enclosed (US Funds) Made Payable to CCAS
 Checks for membership and additional donation should be mailed to: CCAS, P.O. Box 11086, Richmond, VA 23230-1086.
- Charge My Membership Fee(s) to: AMEX Master Card Visa Discover

Card # _____ Expiration Date _____
 Printed Name on Card _____
 Signature Date _____

For Office Use Only:
Check # _____
Date: _____
Member: _____