



Society of Pediatric Cardiovascular Nurses Membership Application

For those who are renewing, please print corrections & changes only

DATE: _____ New: Renewal: Directory changes:

Name, Title Degree(s): _____

Place of Work: _____

Business address: _____

City: _____

State/Zip: _____ Province: _____ Postal: _____

Country: _____

Business E-mail: _____

Phone: _____

FAX number: _____

Home Address: _____ Home phone: _____

City: _____

State/Zip: _____ Province: _____ Postal: _____ Country: _____
(Will be used as mailing address)

Position/Area of clinical practice:

Areas of special interest, research, programs, etc.:

AHA member: yes: no: CV Nursing Council: yes: no: CVDY: yes: no:

Please return this form and a **\$20.00** check payable to: **SPCN**
Mail to Treasurer: Nancy Hagberg 34 Rugg Road Sterling, MA 01564-1598

Contacts: Nancy Hagberg, Treasurer, nancy.hagberg@childheartassociates.com