



# 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

(Last name) (First name) (MI)  MD  DO  PhD  Other

Preferred Mailing Address

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

E-mail address Type of Practice:  Private  University  Government  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
<input type="checkbox"/> Active SCA/IARS.....\$210	<input type="checkbox"/> Associate SCA/IARS.....\$210	<input type="checkbox"/> SCA/IARS Career Scientist.....\$210

**Already an IARS member?** For information on becoming a joint SCA/IARS member, please contact Kim at kim@societyhq.com or 804-282-0084, ext. 6323.

**Residents/Fellows:** For information on membership, please contact Kim at kim@societyhq.com or 804-282-0084, ext. 6323. Residents/fellows interested in a subscription to *Anesthesia & Analgesia* must contact the IARS at www.iars.org.

ELIGIBILITY REQUIREMENTS		
Active Members	Associate Members	Career Scientists
<ul style="list-style-type: none"> <li>Diplomate of the American Board of Anesthesiology, or other international equivalent.</li> <li>Possession of a degree of doctor of medicine, bachelor of medicine, doctor of osteopathy or other international equivalent.</li> <li>Possession of a valid license to practice medicine.</li> </ul>	<ul style="list-style-type: none"> <li>Completion of an anesthesia residency training program accredited by the ACGME, the American Osteopathic Association or other international equivalent.</li> <li>Possession of a degree of doctor of medicine, bachelor of medicine, doctor of osteopathy or other international equivalent.</li> <li>Possession of a valid license to practice medicine.</li> </ul>	<ul style="list-style-type: none"> <li>Career scientist actively involved in research relating to thoracic or cardiovascular anesthesia or related fields of medicine.</li> <li>Possession of a doctor of philosophy degree.</li> </ul>

MEMBERSHIP INCLUDES	
Joint SCA/IARS Membership	SCA Membership
<ul style="list-style-type: none"> <li>Subscription to <i>Anesthesia &amp; Analgesia</i></li> <li>Annual SCA Monograph</li> <li>Annual IARS review course lectures book</li> <li>Six issues of the SCA Newsletter</li> <li>Reduced fees for the annual meeting of both SCA &amp; IARS</li> <li>Eligibility for workshops at the SCA annual meeting</li> <li>Availability of starter and mid-career grants from SCA and research grants from IARS</li> <li>Access to member only section on SCA website offering online membership directory and other members only benefits</li> <li>Reporting of MOCA</li> </ul>	<ul style="list-style-type: none"> <li>Subscription to <i>Anesthesia &amp; Analgesia</i></li> <li>Annual SCA Monograph</li> <li>Six issues of the SCA newsletter</li> <li>Reduced fees for meetings</li> <li>Eligibility for workshops at the SCA annual meeting</li> <li>Availability of starter grants and mid-career from SCA</li> <li>Access to member only section on SCA website offering online membership directory and online CME activities</li> <li>Reporting of MOCA</li> </ul>

Applicant Signature (All applications)

VISA  MasterCard  American Express  Discover

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 \_\_\_\_\_