

International College of Angiology

Member, Council for International Organizations of Medical Sciences (CIOMS)

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Website: http://www.intlcollegeofangiology.org MEMBERSHIP APPLICATION

CATEGORY					
FELLOW	Physicians (benefits include International Journal of Angiology-choice of print or e-				
	subscription), USD \$475 IJA Print Subscription OR IJA e-Subscription				
ASSOCIATE FELLOW	Physicians-in-training (maximum membership three years, benefits include International Journal of Angiology e-subscription) USD \$280				
DEVELOPING COUNTRY	Physicians and Physicians-in-training (benefits include International Journal of Angiology-e-subscription), USD \$242 PLEASE INDICATE FELLOW/ASSOCIATE FELLOW*				
☐ MEMBER	Non-physicians (PhD), (benefits include <i>International Journal of Angiology – e-subscription</i>), USD \$230				
AFFILIATE MEMBER	Non-physicians, allied healthcare professionals (technologists, nurses, physiotherapists, nutritionists, physicians assistants, benefits include <i>International Journal of Angiology – e-subscription</i>), USD \$225				
STUDENT	Medical and Graduate Student, USD \$75				
*The list of "developing countries" is lo	cated on the ICA's website and the reverse side of this application form.				
(Please Print) MD/MBBS/RN, RVT, PA (Family I					
Institution/Clinic/Home					
Street					
City	ate Country Zip/Postal Code				
Tel. No. ()FAX I	No. ()Cell ()				
F MAIL.	Primary Specialty:				
E-IVIAIL.	Priniary Specialty				
	ae (including a copy of Certification, if available), certified copy of your valid medica				
	hysicians) certificate together with registry number, and a photocopy of your medica				
school diploma, or applicable equivalent for c	-				
applicable).	——————————————————————————————————————				
	NCE: Two letters of professional reference are required; no more than one can be from				
	relationship. The letters must comment on your commitment to, and practice of				
NOMINATED BY:					
	tion provided in this application is complete, and true to the best of my knowledge.				
ignature Date					
	on for membership is approved before September 1 st , dues will be applied to the current				
METHOD OF PAYMENT:	. Approved applicants receive an ICA Numbered Certificate.				
WEITIOD OF FATWERT.	Mastercard Wisa				
☐ Check/Int'l Money Order					
Credit Card Nr.	CCV Nr. (Required)				
Exp. Date: MonthYear(MM/Y	YYY) Credit Card Billing Zip/Postal Code (Required):				
Card Member's Name: (Please Print)					
Authorized Signature:					

International College of Angiology — Developing Countries **Qualifying for Reduced Membership Fees**

Afghanistan Indonesia Sierra Leone Albania Iran Slovak Republic Solomon Islands

Algeria Iraq American Samoa Jordan Somalia Angola Kazakhstan South Africa Argentina Kenva Sri Lanka Armenia Kiribati

Azerbaijan Korea, Dem. Rep. St. Lucia

Kyrgyz Republic Bangladesh Belarus Lao PDR Sudan

Belize Latvia Suriname Benin Lebanon Swaziland

Bhutan Leotho Syrian Arab Republic Bolivia Liberia **Tajikistan**

Bosnia and Herzegovina Libya Botswana Lithuania Brazil Macedonia Bulgaria Madagascar Burkina Faso Malawi Burundi Malaysia Cambodia Maldives

Cameroon Mali Marshall Islands Cape Verde Central African Republic Mauritania Chad Mauritius Chile Mayotte Columbia Mexico

Comoros Micronesia, Fed. Sts.

Congo, Democratic Republic Moldova Costa Rica Mongolia Cote d'Ivoire Morocco Croatia Mozambique Djibouti Myanmar Namibia Dominica

Dominican Republic Nepal New Guinea Ecuador Egypt, Arab Rep. Nicaragua El Salvador Niger

Equatorial Guinea Northern Mariana Islands

Eritrea Oman Estonia **Pakistan** Palau Ethiopia Fiji Panama Gabon Papua Gambia Paraguay Georgia Peru Ghana Philippines Poland Grenada Guatemala Romania Rwanda Guinea Guinea-Bissau Samoa

Sao Tome and Principe Guyana

Haiti Senegal

Honduras Serbia and Montenegro

India Seychelles St. Kitts and Nevis

St. Vincent and the Grenadines

Tanzania **Thailand** Timor-Leste Togo Tonga Tunisia Turkmenistan Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela

West Bank and Gaza

Yemen Zambia Zimbabwe

Vietnam