



International College of Angiology

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

CATEGORY

<input type="checkbox"/> FELLOW	Physicians (benefits include <i>International Journal of Angiology- e-subscription</i>), USD \$550
<input type="checkbox"/> ASSOCIATE FELLOW	Physicians-in-training (maximum membership three years, benefits include <i>International Journal of Angiology e-subscription</i>) USD \$400
<input type="checkbox"/> DEVELOPING COUNTRY	Physicians and Physicians-in-training (benefits include <i>International Journal of Angiology-e-subscription</i>), USD \$350 PLEASE INDICATE FELLOW/ASSOCIATE FELLOW*
<input type="checkbox"/> MEMBER	Non-physicians (PhD), (benefits include <i>International Journal of Angiology – e-subscription</i>), USD \$325
<input type="checkbox"/> AFFILIATE MEMBER	Non-physicians, allied healthcare professionals (technologists, nurses, physiotherapists, nutritionists, physician assistants, nurse practioners, benefits include <i>International Journal of Angiology – e-subscription</i>), USD \$300
<input type="checkbox"/> STUDENT	Medical and Graduate Student, USD \$80

***The list of "developing countries" is located on the ICA's website and the reverse side of this application form.**

(Please Print) MD/MBBS/RN, RVT, PA (Family Name)	(First Name)	(MI)
Institution/Clinic/Home _____		
Street _____		
City _____	State _____	Country _____ Zip/Postal Code _____
Tel. No. () _____	FAX No. () _____	Cell () _____
E-MAIL: _____	Primary Specialty: _____	

EDUCATION: Attach a **current curriculum vitae** (including a copy of Certification, if available), **certified copy of your valid medical license**, or applicable equivalent (for non-physicians) certificate together with registry number, and a photocopy of your medical school diploma, or applicable equivalent for other categories of membership.




PRIMARY SPECIALITY: _____ **A copy of your Board Certificate is requested (if applicable).**

CURRENT PROFESSIONAL LETTER OF REFERENCE: Two letters of professional reference are required; no more than one can be from someone with whom you have a financial relationship. The letters must comment on your commitment to, and practice of, cardiovascular medicine and/or surgery.

NOMINATED BY: _____
 I certify by signature below, the information provided in this application is complete, and true to the best of my knowledge.

Signature _____ Date: _____

ANNUAL MEMBERSHIP FEES: If an application for membership is approved before September 1st, dues will be applied to the current year or, after September 1st, to the next year. Approved applicants receive an ICA Numbered Certificate.

METHOD OF PAYMENT: <input type="checkbox"/> Check/Int'l Money Order	   <input type="checkbox"/> There will be a 3.5% processing fee for transactions
Credit Card Nr.	CCV Nr. (Security Code Required)
Exp. Date: Month _____ Year _____ (MM/YYYY)	Credit Card Billing Zip/Postal Code (Required):
Card Member's Name: (Please Print)	

Authorized Signature:

When remitting by check/international money order, your check must be in U.S. funds, drawn through a U.S. bank payable to: INTERNATIONAL COLLEGE OF ANGIOLOGY. The International College of Angiology will not be responsible for any conversion/collections or wire transfer fees or checks not drawn through a U.S. bank. Any checks not complying with these guidelines are unacceptable.

2025

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

Afghanistan	Iran	Solomon Islands
Albania	Iraq	Somalia
Algeria	Jordan	South Africa
American Samoa	Kazakhstan	Sri Lanka
Angola	Kenya	St. Kitts and Nevis
Argentina	Kiribati	St. Lucia
Armenia	Korea, Dem. Rep.	St. Vincent and the Grenadines
Azerbaijan	Kyrgyz Republic	Sudan
Bangladesh	Lao PDR	Suriname
Belarus	Latvia	Swaziland
Belize	Lebanon	Syrian Arab Republic
Benin	Leotho	Tajikistan
Bhutan	Liberia	Tanzania
Bolivia	Libya	Thailand
Bosnia and Herzegovina	Lithuania	Timor-Leste
Botswana	Macedonia	Togo
Brazil	Madagascar	Tonga
Bulgaria	Malawi	Tunisia
Burkina Faso	Malaysia	Turkmenistan
Burundi	Maldives	Uganda
Cambodia	Mali	Ukraine
Cameroon	Marshall Islands	Uruguay
Cape Verde	Mauritania	Uzbekistan
Central African Republic	Mauritius	Vanuatu
Chad	Mayotte	Venezuela
Chile	Mexico	Vietnam
Columbia	Micronesia, Fed. Sts.	West Bank and Gaza
Comoros	Moldova	Yemen
Congo, Democratic Republic	Mongolia	Zambia
Costa Rica	Morocco	Zimbabwe
Cote d'Ivoire	Mozambique	
Croatia	Myanmar	
Djibouti	Namibia	
Dominica	Nepal	
Dominican Republic	New Guinea	
Ecuador	Nicaragua	
Egypt, Arab Rep.	Niger	
El Salvador	Northern Mariana Islands	
Equatorial Guinea	Oman	
Eritrea	Pakistan	
Estonia	Palau	
Ethiopia	Panama	
Fiji	Papua	
Gabon	Paraguay	
Gambia	Peru	
Georgia	Philippines	
Ghana	Poland	
Grenada	Romania	
Guatemala	Rwanda	
Guinea	Samoa	
Guinea-Bissau	Sao Tome and Principe	
Guyana	Senegal	
Haiti	Serbia and Montenegro	
Honduras	Seychelles	
India	Sierra Leone	
Indonesia	Slovak Republic	