



The Society of Invasive
Cardiovascular Professionals

Membership Application

Dedicated to upholding the highest standards for patient care in the cardiac catheterization laboratory.

www.sicp.com

1500 Sunday Drive, Suite 102 • Raleigh, NC 27607 • Phone: (919) 861-4546 • Fax: (919) 787-4916 • Website: www.sicp.com

The Society of Invasive Cardiovascular Professionals (SICP) is the only international society dedicated to promoting the professional practice of invasive cardiovascular professionals.

An invitation to join our professional society is extended to all invasive cardiovascular specialists (registered cardiovascular invasive specialists, nurses, radiology technologists), catheterization laboratory managers, supervisors, educators, critical care nurses, cardiovascular clinical nurse specialists and allied health professionals working in diagnostic and interventional cardiology.

As a member you will receive a complimentary subscription to Cath-Lab Digest. Members also receive the benefit of discounts at SICP sponsored events. Chapters are developing rapidly and

membership automatically joins you to your local chapter where available. SICP also offers legislative support on a local and national level for issues concerning the invasive cardiovascular profession.

Membership Dues are \$50 per year. As part of a special campaign you will be renewed at the joining rate for the second year before moving to the established member rate. Any student is welcome to join the SICP at no cost, please provide a copy of your school identification.

Membership is based on a per year basis and begins the day your application is accepted and ends in one (1) year.

Name and Contact Information

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Facility Name _____ Job Title _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Email _____

(By listing your email address, you are authorizing SICP to send you membership updates and promotional materials about SICP events.)

(SICP will occasionally share membership information with third party agencies if SICP feels that it is beneficial to the membership.)

Membership Category

- Professional Member
- First Year Student
- Second Year Student

Payment

\$50

Check (Check # _____)

VISA MasterCard

Credit Card # _____

Exp. Date _____

Signature _____

SICP Membership Pledge

I certify that I am a qualified health care professional actively working in invasive cardiology.

I also give SICP permission to email me SICP related information.

Signature (required) _____

Please complete this entire form and send with payment of \$50 to SICP Headquarters:

SICP, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

Or Fax to: 919-787-4916

You may also join online at www.sicp.com!

Contact SICP Headquarters with any questions.

membership@sicp.com

SICP Headquarters Staff

Membership Coordinator
919-861-4546
membership@sicp.com

Executive Director
Nicole Shore
director@sicp.com

Office Use Only: Customer # _____ Order # _____

