**Membership Application Form AG-KAPT**

**We are looking forward for your interest and pleased to offer you a free membership.**

**Please send us the filled form to** **agkapt@swisscardio.ch****!**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Last Name** |  |
| **Date of Birth** |  |
| **Work Address** |
| **Institution** |  |
| **Street** |  |
| **ZIP Code, Town** |  |
| **Phone** |  |
| **E-Mail** |  |
| **Private Address** |
| **Street** |  |
| **ZIP Code, Town** |  |
| **Phone** |  |
| **E-Mail** |  |
| Please send your information to my work address  private address **(please check)** |
| **Field of Activity within Cardiology** |
|   |
|   |
| **Language Skills** |
| German |  |
| English  |  |
| French  |  |
| Italian  |  |
| Other |  |
|   |
| **Experience in Cardiovascular Care** |
|   |
|   |
| **Ideas and Visions for the Working Group** |
|   |
|   |
| **I am interested in a membership in following interest group(s) and would like further information.****We are pleased to forward your request!** |
|  **IG Congenital Heart Disease (Annual Fee Fr. 40.-)** | <http://www.ag-kap.ch/public/igconhd/english.asp?l=en> |
|  **IG Heart Failure Nurses (Annual Fee Fr. 30.-)** | <https://www.ig-hib.ch/> |
|  **IG Assistant Personnel Rhythmology (No Annual Fee)** | <http://www.ig-ar.ch/> |
| **Date** | **Signature** |