**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**](mailto:agkapt@swisscardio.ch)**!**

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| --- | --- | --- |
| **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** | | |
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| **Ideas and Visions for the Working Group** | | |
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| **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** |