Congenital Cardiac Anesthesia Society

MEMBERSHIP APPLICATION SPONSOR AN INTERNATIONAL MEMBER



The following Sponsor an International Member application should be completed by the prospective member and the sponsor before being submitted to the CCAS office at ccas@societyhq.com. Both the sponsor and member will be notified when the membership has been processed.

First Name:	Last Name:		Title:
Birth Date:	Specialty:		
Affiliation:			
Address:			
City:			
State/Province:	Country:	Posta	Il Code:
Work Phone:		_ Home Phone:	
Fax:	*E-mail:		
	*E-mail is required to receive future	e membership information. Plea	se print clearly to ensure successful e-mail delivery
•	NT INTERNATIONAL MEMBERSH		
Two-year Membership: Ti	ier 1 (\$150) Tier 2 (\$96) Tier 3 (\$48	3) Tier 4 (\$18)	
receive membership to the Co	ongenital Cardiac Anesthesia Society, the S	ociety for Pediatric Pain Medici	diatric pain medicine. International members will ne, and the Society for Pediatric Anesthesia. The v.pedsanesthesia.org) to determine your tier.
SPONSOR INFORMATI	ON		
First Name:	Last Name:Title:		Title:
Affiliation:			
Address:			
			Postal Code:
Primary Phone:		E-mail:	
PAYMENT INFORMAT	ION – To be completed by sponsor		
	ION — To be completed by sponsor closed (US Funds) Made Payable to the So	ciety for Pediatric Anesthesia	
☐ Check or Money Order En		-	
☐ Check or Money Order En	closed (US Funds) Made Payable to the So	·	
☐ Check or Money Order End ☐ Mastercard ☐ Visa ☐ Card Number:	closed (US Funds) Made Payable to the So Discover Expiration Date:	·	

Congenital Cardiac Anesthesia Society www.ccasociety.org