

PLEASE PAST THIS FORM ALONG TO A COLLEAGUE
 AMERICAN SOCIETY OF ANGIOLOGY
 Application for Fellowship/Membership- 2024

Contact Information:

Last Name:	First:
Title:	
Institution:	
Address:	
City:	State/Zip/Country
Telephone:	Fax:
Date of Birth	Email:

Yes, I would like online access to the journal

Interests:

Give percentage of time devoted to:	Percentage	Describe your interest in:
Clinical Vascular Medicine	%	Clinical:
Vascular Surgery Radiology	%	
Vascular Research	%	Teaching:
Vascular Laboratory	%	
Teaching	%	Research:
Clinical Coagulation	%	
Research	%	
Other	%	

**A \$20.00 processing fee will be added to all Credit card orders.
 Payments appear on your statement as a "Westminster" affiliate.**

New Service: secure payment thru Venmo & Paypal :www.amsocang.org/fellowship-membership.html

Check	Visa	Mastercard	Paypal/Venmo email for info
Card number:	Name on card:	Exp. Date	/
Security Code:			
Statement Address:	City, St and Zip:		
Signature:	Date:		

Return to:
Director of Membership
American Society of Angiology
65 Bryant Avenue
Roslyn Harbor, NY 11576
Email: memberservices@amsocang.org

Fellow of the ASA (FASA): Established professionals in the field, usually with a doctorate level qualification and/or a senior position in a hospital/university. Medical and Scientific staff can apply. A publication record is desirable.
Member of the ASA: For those in training or not studying the seniority requirements required for fellowship.