



# THE PEDIATRIC CARDIAC INTENSIVE CARE SOCIETY

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## MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ MD DO PhD RN NP  
RRT APN MD-PhD PA Other \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Practice:  Private  University  Government  Other \_\_\_\_\_

E-mail: \_\_\_\_\_ Title: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_ University Affiliation: \_\_\_\_\_

Academic Degrees & Other Professional Certifications With Dates: \_\_\_\_\_

Specify residencies and fellowships completed with year (or year of anticipated completion): \_\_\_\_\_

### I Hereby Make Application As A:

	TIER 1	TIER 2	TIER 3	TIER 4
<input type="checkbox"/> <b>PHYSICIAN</b>	\$150	\$75	\$30	\$5
<input type="checkbox"/> <b>NURSE/ALLIED HEALTH/TRAINEE/RESIDENT/FELLOW</b> (Nurses, Other Non-Physician Medical Personnel)	\$100	\$50	\$20	\$3

Please refer to the PCICS Website ([www.pcics.org/join/membership-tiers/](http://www.pcics.org/join/membership-tiers/)) to determine your tier.

**TOTAL \$** \_\_\_\_\_

### Please check all that apply, or "NA" if none apply

#### Specialty:

- Cardiac Surgeon  Neonatologist  Cardiologist  Cardiac Nurse  Pediatrician  
 Cardiac Nurse Practitioner  Intensivist  Anesthesiologist  Pharmacist  Pediatric Nurse  
 PICU Nurse  CICU Nurse  Other - Specify \_\_\_\_\_

#### Where do you work?:

- CICU  CVICU  PICU  Cardiology step down unit  Cardiology floor  NICU  Pediatric floor  NA

#### Where are cardiac intensive care patients cared for in your hospital?:

- CICU  CVICU  PICU  NICU  NA

#### In your institution, how many beds are there in each unit ("NA" if your hospital does not have the specific unit):

CICU \_\_\_\_\_ CVICU \_\_\_\_\_ PICU \_\_\_\_\_ NICU \_\_\_\_\_

Would your hospital be interested in having a link to its website on [www.pcics.org](http://www.pcics.org)?  Yes  No

#### Payment Options:

- Check or Money Order Enclosed (US Funds) Made Payable to: PCICS, 110 Horizon Dr., Ste. 210, Raleigh, NC 27615.  
 AmEx  Mastercard  Visa  Discover

Card No: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

For more information, visit [www.pcics.org](http://www.pcics.org)