

## MEMBERSHIP APPLICATION

### CONTACT INFORMATION

Ms.  Miss  Mrs.  Mr.  Dr.

Jr.  Sr.  III  IV  V

\_\_\_\_\_  
 First Name Middle Name Last Name

Degree  DO  DPM  MD  NP  PA  PhD  RN  RT  Other \_\_\_\_\_

\_\_\_\_\_  
 Specialty

(Interventional Cardiology, Interventional Radiology, Vascular Surgery, Clinical Cardiology, Vascular Medicine, Podiatry, Family Practice, Wound Care, Cath Lab/Vascular Tech, Epidemiologist, Healthcare Administration, Public Health, Research Scientist, etc.)

\_\_\_\_\_  
 Title Institution

\_\_\_\_\_  
 Address 1 Address 2

\_\_\_\_\_  
 City State Zip Code Country

\_\_\_\_\_  
 Primary Phone Email

### ANNUAL MEMBERSHIP RATES

- Physician – United States \$ 300
- Physician – International \$ 50
- Fellow/Resident/Student \$ 50
- Allied Health Professional \$ 50
- Industry\* \$ 350

*\*Full-time employee of medical device/pharmaceutical manufacturers or suppliers of products and/or services to healthcare providers*

### PAYMENT OPTIONS

- Payment by Check Payable to: CLI Global Society
- Payment by Credit Card
  - Visa  MasterCard  Amex  Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**All memberships renew on January 1 each year.**

Applications received Jan 1 – Mar 31 will be invoiced 100% of annual dues, expiring Dec 31 of the same year.  
 Applications received Apr 1 – Jun 30 will be prorated and invoiced 75% of annual dues, expiring Dec 31 of the same year.  
 Applications received Jul 1 – Sep 30 will be prorated and invoiced 150% of annual dues, expiring Dec 31 of the following year.  
 Applications received Oct 1 – Dec 31 will be prorated and invoiced 125% of annual dues, expiring Dec 31 of the following year.

