

SSC Membership Application Form

Application for full membership of the Slovak Society of Cardiology (hereinafter „SSC“)
(SSC is a collective member of the Slovak Medical Association)

Academic appointments: Professor
 Associate Professor

*First name:.....

*Last name:.....

(Please type or write clearly in capital letters)

Degree: M.D. Ph.D.
 Pharm.D. other.....

*FESC member: yes / no (please circle one)

*Registration number in the SkMA (if applicable).....

*Date of Birth:.....

*E-mail:.....

Phone.....

Fax:.....

Office address: Organization:.....

Street:.....

City:.....

ZIP code:.....

Country:.....

*Home address: Street:.....

City:.....

ZIP code:.....

Country:.....

*For correspondence use (**please indicate one**): Work address Home address

*Occupation: Physician
 Pharmacist
 Nurse
 Other health professional
 Student
 Other.....

*Specialty: Cardiology
 Pediatric Cardiology
 Cardiovascular Surgery
 Angiology
 Internal Medicine
 Family Practice / General Practitioner for Adults
 Pediatric and Adolescent Medicine
 Resident Physician
 Researcher
 other.....

I want to be a member of the Working Group(s): *(Please indicate one or more)*

- Acute Cardiology
- Outpatient/Office Cardiology
- Forum of Young Cardiologists
- Valvular and Congenital Heart Diseases in Adults
- Invasive and Interventional Cardiology
- Cardiovascular Rehabilitation
- Non-invasive Cardiology
- Pediatric Cardiology
- Peripheral Circulation
- Preventive Cardiology
- Heart and Lungs Transplantation
- Cardiovascular Nurses
- Heart Failure

SSC member becomes automatically a member of the Slovak Medical Association (SkMA). A copy of this Application form will be automatically sent to the SkMA Office.

Please note that full SSC member enjoys all the rights and obligations arising from the collective membership of SSC in SkMA. This also includes obligation to pay SkMA membership fees. SSC Office will send you in December each year an invoice for the membership fee for the upcoming year. SkMA Office will contact you directly with membership fee invoice as well.

Date:

Signature:

Please mail completed Application to: Slovak Society of Cardiology
Bardosova 2/A
831 01 Bratislava
Slovak Republic

* Mandatory items