

West Virginia Association of Cardiovascular & Pulmonary Rehabilitation
2024 Membership Application

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street or P.O. Box)

(City) (State) (Zip Code)

Phone (Home): _____ Phone (Work): _____

E Mail Address: _____
(PLEASE PRINT CLEARLY-This is important for communication with members and will not be given out for solicitation purposes)

Occupation (please check one)

Physician _____	Registered Nurse _____
Dietician _____	Exercise Physiologist _____
Physical Therapist _____	Respiratory Therapist _____
Occupational Therapist _____	Student _____

Place of Employment: _____
(Name of Institution)

Employment Specialty: Cardiac Rehab _____ Pulmonary Rehab _____ Both _____

Member Status: New Member _____ Renew Membership _____

Membership Fees: Regular Member = \$25.00 / year _____
Business Member = \$25.00 / year _____
Student Member = \$10.00 / year _____

Are you a current member of AACVPR? Yes _____ No _____

Are you currently certified as a CCRP? Yes _____ No _____

Do you possess the Pulmonary Rehab Certificate? Yes _____ No _____

Membership in WVACVPR is active January 1st to December 31st of each year.
Membership fees are due in January of each year.

Send Check of Money Order to:
WVACVPR
Angelina Davis, Treasurer WVACVPR
23 Emerald Drive
Bridgeport, WV 26330
Please make all checks payable to WVACVPR