

**West Virginia Association of Cardiovascular & Pulmonary Rehabilitation  
2026 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 \_\_\_\_\_, PayPal\*=\$26.25 \_\_\_\_\_  
 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 1<sup>st</sup> to December 31<sup>st</sup> 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**

\*If paying through PayPal, the 5% fee must be paid by the member! Please complete the membership form and mail or email to Angelina for all PayPal payments.