

Membership Application

(circle one)

MD DO PhD CRNA RN CCRN Paramedic EMT

Name _____

Degrees _____

Address _____

City _____

State _____ Postal Code _____

Country _____

Telephone _____ Fax _____

E-mail Address _____

Membership choice

(circle one)

Corporate Member US \$1,000.00

Full Member US \$100.00

Member in Training \$40.00 (Letters verifying training status are required)

Method of Payment

(circle one)

- US Checks (US residents only) - Checks must be payable to "ITACCS."
- International Draft - Must be made payable through a US bank in US dollars and must be payable to "ITACCS."
- Bank Transfers - Must be written in US dollars. Verification of transfer from financial institution must accompany this form. Please have funds transferred to "ITACCS" Account Number 169-8133-3 with First National Bank of Maryland Route Number 052000113.
- MasterCard and Visa are accepted methods of payment. The charge will appear on your statement "Anesthesia Seminars," and not the name of the society.
- Credit Card (circle one):

MasterCard Visa Card

No. _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Yes! Please send me more information

Please circle those that apply

ATACCS - Annual Meeting

ATACCS/ITACCS Sponsor/Exhibitor/Advertiser

Official ITACCS Scientific Abstract Instructions

ITACCS Research Award Prospectus

ITACCS Committees

ITACCS Developing Nations Program

Trauma Training Programs

ITACCS Publications

- TraumaCare Journal
- Books
- Monographs

ITACCS Clinical Consultant Service

ITACCS Audiotapes/Videotapes

Other (specify) _____

Print this form, fill it out, and return it to:

ITACCS World Headquarters
P.O. Box 4826
Baltimore, MD 21211-9889
United States of America
FAX (410) - 235-8084