

Affiliate use: Memb. # _____
Check # _____
Amt: _____

2009 MOKSACVPR Membership

January - December 2009

www.moksacvpr.org

Membership Fee: \$30

Due by January 31, 2009

Make checks payable to: MOKSACVPR

**Send completed application and payment
to:**

**Carol Frazee
Cotton-O'Neil Heart Center
929 Mulvane
Topeka, Kansas 66606**

Please **Print** Clearly and Fill All Spaces. Thank you!

Name: _____ **Date:** _____

(If name has changed, please give previous name as well.)

Home Address: _____ **City** _____ **State** _____ **ZIP** _____

Home Phone: _____

Place of Employment: _____ **County** _____

Work Address: _____ **City** _____ **State** _____ **ZIP** _____

Work Phone: _____ **Work Fax:** _____

Position/Title: _____ **Email:** _____

Credentials/Degrees:

RN BSN MSN
 MBA RD MS
 ES PT RRT
 CRT Other _____

Are you a current member of AACVPR?
 Yes No

MOKSACVPR is always in need of volunteers. Please check the box below if you would be interested in volunteering some of your time for the affiliate:

Yes, please contact me if you need a volunteer