



**Membership Application**

The Iowa Association of Cardiopulmonary Rehabilitation is an organization dedicated to providing education, promoting scientific inquiry, and improving communication between multidisciplinary health care professionals who are primarily concerned with promoting cardiovascular and pulmonary health.

Membership dues is \$35.00 per year

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

This is my  Home address  Work address

**Email address:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Telephone Number (Work):** \_\_\_\_\_ **(Home):** \_\_\_\_\_

**Member of AACVPR?**  Yes  No

**First-time IACPR member?**  Yes  No  
First-time members: who were you recruited by?

**Committees:** indicate which committees you are interested in participating on:

- Budget and Finance
- Communications
- Standardization/  
Certification
- Education

Checks should be made payable to *Iowa Association of Cardiopulmonary Rehabilitation*.

Mail this application and your \$35 payment to: Diane McGrew, RN, BC  
2301 Eastern Ave.  
Box 498  
Red Oak, IA 51566

Please complete all lines of this form. **This form is for mail-in application only.** You may also submit your information in the online form, and pay your dues by using the PayPal link on the membership application page of the IACPR website.