

OSCVPR 2010 Membership Application



Please check the appropriate box:

- I have been an OSCVPR member in the past. My \$40.00 annual membership fee is enclosed.
- I would like to join OSCVPR as a new member. My \$40.00 annual membership fee is enclosed.
- I would like to join OSCVPR as a Student Member. My \$15.00 annual membership fee is enclosed.

Please print clearly and be sure to include your most utilized e-mail address below. Only the work information listed below will be available in our membership directory.

Name and Credentials: _____

Hospital/Organization: _____

Work Address: _____
(Street Address) (City) (Zip)

Work Phone Number: _____ Work Fax Number: _____

Home Address: _____
(Street Address) (City) (Zip)

Home Phone Number: _____

E-Mail Address most utilized: _____

Please send this application and annual membership fee to:
Payable to OSCVPR

**Rachel Lasselle
C/O CARDIAC REHAB
Samaritan Lebanon Community Hospital
PO Box 739
Lebanon, OR 97355**