

APPLICATION FOR MEMBERSHIP

Name _____ Degree(s) _____
 Date of Birth (mm/dd/yy) _____ Male Female
 Job Title(s): _____

TYPE OF MEMBERSHIP

(Please read membership criteria)

Regular \$195 or \$510/3 years
 Appropriately credentialed health professional in the US or Canada; engaged in the treatment of patients with lipid disorders or involved in research or educational activities relating to lipid disorders.

Industry \$195 or \$510/3 years
 Health professional or other representative of the medical industry as an employee or contractor, given that you do not promote or participate in activity directly related to sales or marketing of products or services.

International \$195 or \$510/3 years
 All applicants otherwise eligible under Regular or Industry criteria but residing outside the US or Canada. International members receive membership benefits, including publications, electronically.

Fellow/Trainee-Complimentary
 (Anticipated year of completion: _____)
 Individuals actively enrolled in a graduate or postgraduate training program for the treatment or investigation of lipid disorders and in pursuit of full credentialing in their specialized area of medical study. A letter from your program director or school registrar stating date of completion must accompany the application.

PRACTICE INFORMATION

Hospital Private Practice Group Practice Lipid Clinic Pharmacy
 Other (specify): _____

MAILING PREFERENCE

Office Home

CONTACT INFORMATION

Email address (mandatory): _____
 Primary Office/Employer/Company (mandatory): _____
 Primary Office Address (available in public member searches): _____
 City: _____ State/Province: _____ ZIP: _____ Country: _____
 Phone: _____ Fax: _____
 Practice/Institution/Professional Website: _____
 Home Address (kept private): _____
 City: _____ State/Province: _____ ZIP: _____ Country: _____
 Phone: _____ Mobile: _____
 Office Manager/ Assistant: Name _____ Phone/Email: _____

NLA Correspondence Preferences: Unsubscribe from Blast Email Blast Fax

EDUCATION HISTORY (Please complete as applicable):

College/University: _____ Degree: _____ Year Obtained: _____
 Graduate University: _____ Degree: _____ Year Obtained: _____
 Medical School: _____ Degree: _____ Year Obtained: _____
 Internship/Residency: _____ Program: _____ Year Completed: _____
 Fellowship/Postgrad: _____ Program: _____ Year Completed: _____
 Present Medical School/Hospital Affiliation/Appointments: _____

BOARD CERTIFICATIONS

Board: _____ Year Certified: _____ Most recent: _____
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Please briefly explain how you are involved in treatment, research, or education in the field of lipid disorders (mandatory): _____

Are you interested in pursuing certification in the field of Lipidology?

Yes No Unsure

How did you learn about the NLA?

Colleague (Name: _____) Website Mail/Brochure Print Ad
 Convention/Meeting (Name: _____) Other: _____

Payment info: Check # _____ Visa MasterCard AmEx
 Name on Card _____ Card Number _____ Exp. _____

Signature _____

Please renew my membership automatically each December (credit card only).

Tracking Code _____