

Alliance of Cardiovascular Professionals Application for Charter

Please print or type.

Name of Chapter _____

Official Address _____

City _____ State _____ Zip _____

Name of contact Person _____

Phone _____ Fax _____

Email _____

Elected (Protem) Officers

President _____ **Secretary** _____

Address: _____

City: _____

St/Zip: _____

Cell: _____

Email: _____

VP _____ **Treasurer** _____

Address: _____

City: _____

St/Zip: _____

Cell: _____

Email: _____

Charter Application Checklist

- Charter Form
- Lists of members including name, address, phone numbers, credentials and email
- National membership applications for chapter members joining at the same time
- Chapter Bylaws

Please return application and attachments to:

**ACVP
P.O. Box 2007
Midlothian, VA 23113**

Questions – please call Peggy McElgunn at 804.639.9213 (direct)
Or email peggymcelgunn@comcast.net