

## MNACVPR Membership Application

Your participation and support is important to your profession, especially in these times of low reimbursement, confusing Medicare guidelines, and restricted diagnoses. There are many advantages for you as a member including:

- Access to the members-only section of the new MNACVPR website
- Regional education meetings with CEUs at a lower fee or no charge at all
- Network opportunities with Minnesota colleagues via electronic mail, e.g. yahoo.groups.com
- Discounted Spring and Fall Conference fees.
- Timely information on reimbursement, certification and the new law that goes into affect in 2010.

**Member dues for 2011 = \$35.00**

Please make check payable to MNACVPR and send to:

Teresa Fietek  
7739 172<sup>nd</sup> St. W.  
Lakeville, MN 55044

**Please complete and return with payment: (Please type or print clearly)**

Name: \_\_\_\_\_ Credentials \_\_\_\_\_

Position: Circle One: Rehab Therapist, Rehab Therapist, Supervisor, Manager, Director, Other

Department: Circle One: Cardiac, Pulmonary, Cardiac and Pulmonary, Other

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Work fax #: \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

Preferred mailing address if different from above address: \_\_\_\_\_

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**Note: Only your name, work facility and city will be listed on the website's Member Section.  
The Program Directory can be printed from the website.**

**Submitting this application for membership implies permission for publication of your name, work place and city of residence in the Member Section of the MNACVPR website**

Does your facility have: (Please check the applicable boxes)

- |  |  |
|--|--|
| <input type="checkbox"/> Inpatient Cardiac Rehab         | <input type="checkbox"/> Inpatient Pulmonary Rehab   |
| <input type="checkbox"/> Outpatient Cardiac Rehab        | <input type="checkbox"/> Outpatient Pulmonary Rehab  |
| <input type="checkbox"/> Phases 3 and/or 4 Cardiac Rehab | <input type="checkbox"/> Maintenance Pulmonary Rehab |

Are you currently a member of the AACVPR?

- Yes  
 No

Are you interested in serving on a committee or Board of MNACVPR?

- Yes  
 No

**THANK YOU!**