



NORTHEAST FLORIDA ECHO SOCIETY

"Uniting Hearts, Advancing Echo"

Membership Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (☐Cell, ☐Home, ☐Work) _____ 2nd Phone: (☐Cell, ☐Home, ☐Work) _____

Email: _____

Organization you work for: _____

Select Type of Membership

- ☐ Physician—\$100.00 ☐ MD ☐ DO Specialty: _____
- ☐ Sonographer—\$50.00 ☐ RDCS (AE PE FE) ☐ RCS ☐ RCCS ☐ RVT/RVS Registry # _____
- ☐ Other—\$30.00 ☐ RCIS ☐ RCES ☐ RN|BSN|ARNP ☐ PA ☐ Other___ License # _____
- ☐ Student— FREE

Select Type of Payment

- ☐ CASH ☐ CHECK ☐ VENMO ☐ PAYPAL ☐ SQUARE



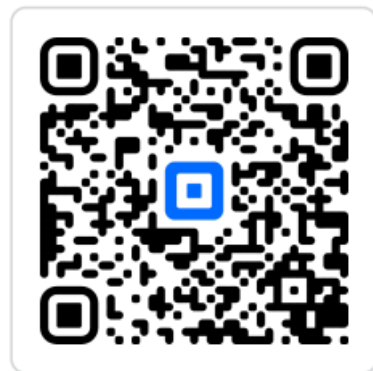
venmo





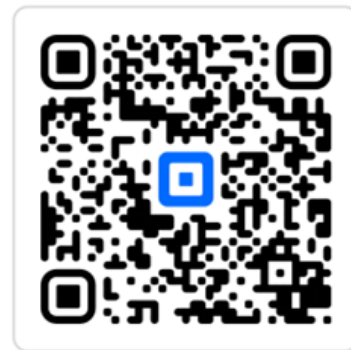
Cardiologist
Membership

\$100.00



Sonographer
Membership

\$50.00



Other Membership

\$50.00