



Personal Information

Membership Category:

Interventional Cardiologist

Interventional Radiologist

Physician (other)

Vascular Surgeon

Surgeon (other)

Podiatrist

Allied Health Professional

Medical Administrator

Other _____

Name _____ Credential (MD, RN, etc.) _____

Affiliation/Institution _____ Affiliation City _____ Affiliation State or Country _____
to list on website and in membership directory

Street Address _____ City _____ State _____ Zip Code _____

E-Mail _____ Phone (include extension) _____

Company Information

For Mailing

Company Name _____ Specialty _____

Street Address _____ City _____ State _____ Zip Code _____

Secondary E-Mail (if applicable) _____ Office Phone (include extension) _____

Assistant's Name _____ Email _____ Phone _____

Current Practice and/or Teaching Affiliations _____

Membership Dues

Expires June 30, 2017

\$500 Annual Membership (2016-2017)

Payment by Check (Payable to: Horizons International Peripheral Group)

Payment by Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder Name: _____ Signature: _____

Return this form and payment to:

Horizons International Peripheral Group
Attn: HIPG Membership
3639 Ambassador Caffery Pkwy., Suite 605
Lafayette, LA 70503
info@hipgroup.org