



European Cardiac Arrhythmia Society

Application Form

I undersigned _____ (First name Last name) apply for becoming a regular number of the European Cardiac Arrhythmia Society (ECAS) which aims and objectives are

- a) to improve the diagnosis and therapy of patients with cardiac arrhythmias
- b) to introduce, implement and audit new methods for the investigation and treatment of patients with cardiac arrhythmias
- c) to promote basic and clinical research concerning the mechanism and management of cardiac arrhythmias
- d) to provide strength and support to those engaged in these objectives
- e) to organize and ensure coherence of professions concerned with pacing, electrophysiology and cardiac arrhythmias across the 5 continents
- f) to support an improved access of patients to treatment.
- g) to inform patients and general public of current innovations

I herewith join:

- a) a brief description of my academic degree and CV
- b) a brief summary of my training in arrhythmology / electrophysiology
- c) the endorsements of 2 senior arrhythmologists / electrophysiologists who are familiar with my professional work

After acceptance of my application by the Membership Review Committee I will pay the specific dues to the Society.

Date _____

Signature _____

Family name _____

Given name _____

Address _____

Office address _____

City _____

Country _____

Telephone _____

Telephone (office) _____

Fax _____

Fax (office) _____

E-mail _____

Please send the form filled and signed by postal mail to ECAS 2 Place Delibes, 13008, Marseille, France, by e-mail to contact@ecas-heartrhythm.org

Fax : +334 91 37 52 69

For more information contact Josette Razafimbelo +334 93 29 80 99