



## European Cardiac Arrhythmia Society Application Form

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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 properly completed and signed form by postal mail to ECAS 39 Rue Renzo, 13008 Marseille, France, or by e-mail to [contact@ecas-heartrhythm.org](mailto:contact@ecas-heartrhythm.org) or by Fax : +334 91 37 52 69  
For more information contact Josette Razafimbelo +334 93 29 80 99