



## MEMBERSHIP APPLICATION

Our strength is in our numbers and we need your support and involvement to make a difference with our efforts. Membership in SCAA is **FREE for all sudden cardiac arrest survivors**. A nominal fee may apply for other membership categories.

**YES, I would like to join the Sudden Cardiac Arrest Association**

Name: \_\_\_\_\_ Title (optional): \_\_\_\_\_

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

Country: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Chapter/Affiliate who referred you to SCAA: \_\_\_\_\_

### Preferred method of contact:

Email     Phone     Mail     Fax

### Tell us about yourself:

**I am a SURVIVOR of SCA** (please complete fields at right) Age at SCA: \_\_\_\_\_ Date of SCA: \_\_\_\_\_  
Location of SCA: \_\_\_\_\_ Method of save: \_\_\_\_\_

**I have an ICD** (please complete fields at right) Age at Implantation: \_\_\_\_\_ Date of Implantation: \_\_\_\_\_  
Location/Hospital: \_\_\_\_\_ Name of ICD Manufacturer \_\_\_\_\_

**I am a:**     Family member/friend of SCA survivor     Family member/friend of SCA victim who did not survive  
 Family member/friend of ICD patient     Patient with a heart condition  
 Family member/friend of patient with a heart condition     Rescuer     CPR/AED Instructor  
 Medical/Health professional     Other (specify): \_\_\_\_\_

### I would like more information on (Check all that apply):

Submitting my survivor/ICD story for the website     Becoming a member of a local SCAA Chapter  
 Becoming involved with local educational activities     Becoming a volunteer with a local chapter

### I would like to volunteer for (Check all that apply):

**Advocacy:** Works on SCA-related legislative and regulatory issues     **Prevention Outreach** Work is continuing and ramping up on preventive care and education for high risk populations  
 **Education:** Works on development and implementation of CPR/AED training courses including "train the trainer" courses     **Fundraising:** Assists with fundraising and major campaign efforts to achieve organizational goals  
 **Membership:** Recruits SCA Survivors, ICD recipients, families, friends, and others to join SCAA     **Support:** Provides peer-to-peer support to SCA survivors and their families, ICD patients and their families, families of victims who did not survive, and others personally affected by SCA

**I would like to make a tax deductible donation to SCAA (make checks payable to SCAA)**     **MC/Visa/AMX/Discover**  
Cardholder name: \_\_\_\_\_

Account number/expiration date \_\_\_\_\_

Signature/AMOUNT \_\_\_\_\_