



# Southern Regional AHEC AHA Training Center

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www.sr-ahec.org  
910.678.7286

## APPLICATION FOR MEMBERSHIP

Dr.  Mr.  Mrs.  Ms. Credentials/Degrees/Certifications: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

### Instructor Candidates will need to submit the following:

- Instructor Course Completion Certificate
- Instructor Core Course Completion Certificate
- Completed Membership Application & Membership Fee

### Instructor Transfers will need to complete:

- Instructor Records Transfer Request form
- Membership Application & Membership Fee

### I am an AHA Instructor for the following: (check all that apply)

- BLS Instructor  ACLS Instructor  PALS Instructor
- BLS Instructor Trainer  ACLS Regional Faculty  PALS Regional Faculty
- BLS Regional Faculty  Available to teach (ok to give my name out)

Annual Membership Fee: \$35 Membership Fee (non-refundable) Payment:  Cash  Check  Credit Card

Who is paying:  I am: Mastercard/Visa # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

My Organization: Supervisor Signature \_\_\_\_\_ Tel: \_\_\_\_\_

Mastercard/Visa # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Please attach a copy of instructor card (s), completed application and return with payment to:

Mail: SR-AHEC Training Center ♦ Attn: Heather Stewart ♦ 1601 Owen Drive ♦ Fayetteville, NC 28304

E-mail: Heather.Stewart@sr-ahec.org ♦ Fax: (910) 323-0674

**REMINDER: Register with the AHA Instructor Network for updates and resources: [ahastructornetwork.americanheart.org](http://ahastructornetwork.americanheart.org)**

1601 Owen Drive Fayetteville, NC 28304 Telephone: (910)678-7286 Fax: (910)323-0674 Website: [trainingcenter.southernregionalahec.org](http://trainingcenter.southernregionalahec.org)

Office Use: Check/Auth # \_\_\_\_\_  Cash  Check  Credit Card Date \_\_\_\_\_ Amount \$ \_\_\_\_\_