

SVU MEMBERSHIP APPLICATION

Please type or print

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name _____

Job Title _____

Preferred Mailing Address: Business Home

Company/Institution _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Billing Address for credit card charges (if different from address above)

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Dues (effective until 12/31/2019)

Note: Approximately 5% of your membership dues will be used for advocacy expenses.

- ☐ **Physician Membership (USA/International)**..... \$255/yr
☐ **Regular Membership (USA & Canada)** \$155/yr
☐ **International Membership (outside USA & Canada)** \$160/yr
☐ **Resident/Fellows Membership**..... \$105/yr

Resident/Fellows rate is for physicians training at an accredited hospital. ALL are required to submit proof of status in the form of a letter from their department head or program director.

- ☐ **Student**..... \$35/yr
Students must be full time undergraduate or graduate students and must submit a letter from the department head or registrar certifying your current student status and date of graduation.

- ☐ **Student Transitional Membership** \$70/yr
Previously enrolled SVU Student Members for first year after graduation.

- ☐ **Retired/Disabled Member** \$55/yr
Retired from active employment and no longer employed and/or permanently disabled. Visit online for details and required affidavit.

Payment method

Please make checks payable to SVU in US funds drawn on a US bank, net of all bank charges, or use a credit card: ☐ MasterCard ☐ Visa ☐ AmEx

Account No. _____ Exp. Date _____

Signature _____ Billing Zip Code _____

Print name _____

Mail this form to:

SVU, P.O. Box 75491
 Baltimore, MD 21275-5491

Or fax to (credit card payment only):
 301-459-5651

For more information

Phone: 301-459-7550 or 800-SVU-VEIN

E-mail: svuinfo@svunet.org

Or visit us on the web at www.svunet.org

Are you interested in volunteering with SVU?
 (please check all that apply)

- ☐ Mentor ☐ Mentee ☐ Committee
☐ Ambassador to vascular schools

Please note if you would like to continue to receive the print version of *JVU*, in addition to your current online access : ☐ YES ☐ NO

Certification(s) by professional certifying board or agency:

- ☐ RVT ☐ RDMS ☐ RDCS ☐ RVS ☐ RPVI
☐ RPhS ☐ RN ☐ CVN ☐ LPN ☐ LVN ☐ RT
☐ RPhS ☐ RTR ☐ CRT ☐ RRT ☐ PA-C
☐ Other: _____

Highest Degree earned:

- ☐ High School ☐ Some College
☐ Diploma Program ☐ AS ☐ AA ☐ BS
☐ BA ☐ BSN ☐ MS ☐ MA ☐ MSN
☐ Med ☐ MBA ☐ MD ☐ DO ☐ PhD
☐ ScD ☐ JD ☐ Other: _____

Work setting (check one):

- ☐ Hospital/Institution
☐ Private Lab/Physician's Office
☐ Equipment Company

Other organizations of which you are a member:

- ☐ SDMS ☐ SVS ☐ SVM ☐ ASE ☐ ACP
☐ ASN ☐ ACC ☐ SIR ☐ SVN ☐ ACR
☐ ASRT ☐ AIUM ☐ Other: _____

Year you began work in a noninvasive field:

Specialty of the Physician Medical Director
 (check one):

- ☐ Vascular Surgery ☐ Cardiology
☐ Cardiovascular Surgery
☐ Radiology ☐ Neurology
☐ General Surgery
☐ Other: _____

ARDMS Number: _____

CCI Number: _____

Promotion Code: