Signature School Member Application

Effective immediately Membership Expiration: December 31, 2021

# Invoice Date:

1. **Please help us maintain accurate records (indicate any changes below in your preferred mailing address):**

Name Address 1

Address 2 City State Zip

Please provide your email address and other contact numbers so we can reach you with important information.

check box.jpgcheck box.jpgE-mail (specify: home or work): Work Phone Work Fax Home Phone

# 1 a. Are you interested in volunteering with SVU? Please select all that apply:

Mentee Committee Ambassador to vascular schools

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

1. **Please select all that apply:**

# List your expected date of graduation:

*/ /*

# Calculate membership dues payment

* + Student ($25/pp)
  + Faculty liaison\* ($10 off)

\*1st liaison only

Optional voluntary contribution to:

Advocacy Fund $ Anne Jones Scholarship $ **TOTAL $**

\*\*Approximately 20% of your annual dues will be used for advocacy expenditures. That amount is not tax deductible.

# Submit your application and payment to your faculty liaison

|  |  |  |
| --- | --- | --- |
| **Degrees:** | **Certifications:** | **Other organizations you belong to:** |
| AS | RVT | SDMS |
| AA | RDMS | SVS |
| BS | RDCS | SVM |
| BA | RPVI | SVN |
| BSN | RVS | ASE |
| MS | RN | AVLS |
| MA | CVN | ASN |
| MSN | LPN | ARRT |
| Med | LVN | SRU |
| MBA | RT | ACC |
| MD | RTR | AIUM |

DO CRT

PhD RRT

ScD RPhS

JD Other: Other:

Other:

Thank you for your continued support of SVU!

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