SVU
SOCIETY FOR VASCULAR ULTRASOUND
The VOICE for the Vascular Ultrasound Profession since 1977

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 12/31/2021)

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.

Additional Donation

SVU Foundation $_____

Anne Jones Scholarship Fund $_____

Advocacy Fund $_____

Total Amount (Membership + Donations) $_____

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 _____

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: _____

Do you work in an accredited lab?

☐ Yes ☐ No

If yes, through which organization is your lab accredited?

☐ IAC ☐ ACR ☐ Other

ARDMS Number: _____

CCI Number: _____

Promotion Code:

Mail this form to:

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

Or fax to (credit card payment only):

For more information

Phone: 301-459-7550 or 800-SVU-VEIN E-mail: svuinfo@svu.org

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