



## **Affidavit for SVU Retired/Disabled Member Status**

*(This document must be signed and submitted with Retired Member Dues Notice)*

I \_\_\_\_\_ hereby declare and affirm that I am retired from active employment and am no longer employed, either as an employee, consultant or independent contractor, as that term (“retired”) is defined on the SVU application, so that I am eligible for the “retired” SVU membership category.

I understand that I will be required to pay \$55 in annual dues to SVU for my "retired" SVU membership classification, which includes online access only to the *Journal for Vascular Ultrasound (JVU)*, the monthly e-Spectrum online newsletter, and the right to vote in the SVU Annual Election.

I understand my ongoing obligation to report to SVU any change in my status (i.e., from “retired” to non-retired status), which may cause my loss of “retired” membership in the association.

I also understand that should I wish to maintain my “retired” status, I will be required to sign an affidavit substantially the same as this each year that I elect to renew my membership as a “retired” member of SVU.

Any misrepresentation on my part in this affidavit or otherwise or omission of material fact; and/or failure to comply with any of the other conditions for maintaining “retired” member status (for example, failing to pay annual dues, failure to report change in status, etc.) may be grounds for denying me status as a “retired” SVU member and/or for revoking my “retired” member status if improperly awarded.

\_\_\_\_\_  
(Printed name of SVU member)

\_\_\_\_\_  
(SVU Member I.D. #)

\_\_\_\_\_  
(Signature of person)

\_\_\_\_\_  
(Date)