



SVU Signature School Membership Application

Effective: January 2025

Membership Expiration: December 31, 2025

Invoice Date: _____

Name of Institution/School: _____

Address of Institution/School: _____

Name / Credentials of Institution/School Liaison (Contact): _____

Phone _____ Email _____

Discounted Student Rate: \$25 per person

Liaison Discount: \$10 off membership (primary liaison only)

1. Please complete the form below. To receive the discount 100% student participation is required.
2. Attach completed individual Contact Form for each new and renewing member.
3. Please list the names and graduation dates of your SVU Signature School members below:

| NAME <small>Copy additional pages if needed</small> | New Member | Renewing | Graduation Date | MEMBER #* |
|---|------------|----------|-----------------|-----------|
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*(For new members leave the member # blank.)

ANNUAL DUES:

Total # Student Member _____ × \$25 = **STUDENT DUES \$** _____

Total # Faculty Member _____ × 155 for 1st faculty member & \$165 for additional members = **FACULTY DUES \$** _____

STUDENT DUES + FACULTY DUES = TOTAL AMOUNT DUES \$ _____

4. Choose a Payment Method

☐ Check (Payable to "SVU" in US Funds, drawn from a US Bank, net of all fees)

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX Card Number: _____

Expiration Date: _____ Signature: _____

Please submit all applications together under one payment (ie. One credit card or check for the amount above) to the following address:

Mailing: Society for Vascular Ultrasound
P.O. BOX 715491
Philadelphia, PA 19171-5491

Fax: (301) 459-5651

Email: svuinfo@svu.org