



SVU Signature Lab Membership Application

Invoice Date: _____

Signature Lab Record # (if applicable): _____

Name of Signature Lab: _____

Address of Signature Lab: _____

Name / Credentials of Signature Lab Liaison (Contact): _____

Phone _____

Email _____

Regular Annual Dues: \$165 per person

Physician annual Dues: \$275 per person

Please select Signature Lab level below: (student members not counted toward total)

Level	Staff Size			Dues Discount	Technologist	Physician
Silver Level:	3 sonographers	+	at least 1 MD	Silver: 5%	\$156.75	\$261.25
Gold Level:	5 sonographers	+	at least 1 MD	Gold: 7%	\$153.45	\$255.75
Platinum Level:	10 sonographers	+	at least 1 MD	Platinum: 10%	\$148.50	\$247.50
Titanium Level:	20 sonographers	+	at least 1 MD	Titanium: 15%	\$140.25	\$233.75

1. Attach completed Contact Form for each **First-Time SVU Member** to complete.

2. Please list the names of your SVU Signature Lab members below:

NAME <small>Copy additional pages if needed</small>	Technologist	MD / DO	New Member	Renewing	MEMBER #*

*(For first-time members, leave member # blank and complete the Contact Form found on the SVU Signature Labs webpage on SVU.org.)

ANNUAL DUES: Total # Members _____ × Discounted Rate _____ = TOTAL DUES \$ _____

3. Additional Donations: ☐ SVU Foundation _____ ☐ Anne Jones Scholarship Fund _____ ☐ Advocacy Fund _____

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, 1601 Utica Ave S., Suite 213, Minneapolis, MN 55416

Tel: 651-288-3431 | **Fax:** (301) 459-5651 | **Email:** svuinfo@svu.org