



# SVU Signature School Membership Application

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 #*

\*(For new members leave the member # blank.)

**ANNUAL DUES:**

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

Total # Faculty Member \_\_\_\_\_ × 155 for 1<sup>st</sup> 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  
1601 Utica Ave S., Suite 213  
Minneapolis, MN 55416

**Fax:** (301) 459-5651

**Email:** [svuinfo@svu.org](mailto:svuinfo@svu.org)