SOCIETY FOR VASCULAR ULTRASOUND

SVU Signature Lab Membership Application

Effective: January 2026

Membership Expiration: December 31, 2026

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 Copy additional pages if needed	*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:** 651-290-2266 | **Email:** svuinfo@svu.org