



The VOICE for the Vascular Ultrasound Profession since 1977

SVU Signature School Dues Invoice

Effective October 1, 2015

Membership Expiration: December 31, 2016

Invoice Date: _____

1. Please help us maintain accurate records (indicate any changes below in your preferred mailing address):

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Please provide your email address and other contact numbers so we can reach you with important information.

E-mail (specify: ☐ home or ☐ work): _____

Work Phone _____ Work Fax _____

Home Phone _____

2. Indicate all that apply: (Ctrl + click for multiple selections)

Degrees:

AS
AA
BS
BA
BSN
MS
MA
MSN
Med
MBA
MD
DO
PhD
ScD
JD
Other: _____

Certifications:

RVT
RDMS
RDCS
RPVI
RVS
RN
CVN
LPN
LVN
RT
RTR
CRT
RRT
RPhS
Other: _____

Other organizations you belong to:

SDMS
SVS
SVM
SVN
ASE
ACP
ASN
ARRT
SRU
ACC
Other: _____

3. Calculate membership dues payment

☐ Student (\$20/pp)

☐ Faculty liaison (\$10 off)

Optional voluntary contribution to:

Advocacy Fund \$ _____

Anne Jones Scholarship \$ _____

TOTAL \$ _____

*Approximately 20% of your annual dues will be used for advocacy expenditures. That amount is not tax deductible.

4. Choose a payment method

☐ Check (payable to SVU in US funds, drawn on a US bank, net of all bank fees)

☐ Credit card: ☐ Visa ☐ MasterCard
☐ AMEX

Card No. _____

Exp. Date _____

Signature _____

5. Return this form with payment to:

Society for Vascular Ultrasound

P.O. Box 75491

Baltimore, MD 21275-5491

Or fax to 301-459-5651 if paying by credit card.

Thank you for your continued support of SVU!

To keep current with the latest SVU student news and information, make it a habit to check the online *Student First eNewsletter* which is released quarterly online on the SVU website at www.svunet.org.