



The VOICE for the Vascular Ultrasound Profession since 1977

SVU Signature Labs Dues Invoice

Effective October 1, 2013

Membership Expiration: December 31, 2014

Invoice Date: _____

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

Name _____

Address1 _____

Address2 _____

City, State Zip _____

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

Email (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
RDMS
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

Please refer to application for pricing*

- ☐ Silver
☐ Gold
☐ Platinum
☐ Titanium

Optional voluntary contribution to:

Advocacy Fund \$ _____

Anne Jones Scholarship \$ _____

TOTAL \$ _____

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 _____

* Approximately 15% of your annual dues will be used for advocacy expenditures. That amount is not tax deductible.

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 news and information, make it a habit to check the online e-Spectrum member newsletter each month on the SVU website at www.svunet.org.