SOCIETY FOR VASCULAR ULTRASOUND

The VOICE for the Vascular Ultrasound Profession since 1977

Signature School Membership Application Invoice

Membership Expiration: December 31, 2019

Invoice Date: _____

Name of Institution: _____

Address of Institution: _____

Name / Credentials of Institution Liaison (Contact): _____

Phone _____ Email _____

Discounted Student Rate: $20/member
Discounted Liaison: $10 off of membership

1. Liaison: please sign & attach Affidavit of 100% participation by students.
2. Attach completed individual Signature School Member Applications for each new or renewing member with payment.
3. Please list the names and graduation dates of your SVU Signature School members below:

NAME Copy additional pages if needed	*New Member*	*Renewing*	*Graduation Date*	*MEMBER #**

*(for new members, leave member # blank)

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