



# Signature School Membership Application Invoice

Membership Expiration: December 31, 2020

Invoice Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Name / Credentials of Institution Liaison (Contact): \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Discounted Student Rate: \$25/member**  
**Discounted Liaison: \$10 off of membership (first liaison only)**

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.
3. Please list the names and graduation dates of your SVU Signature School members below:

<i>NAME Copy additional pages if needed</i>	<i>New Member</i>	<i>Renewing</i>	<i>Graduation Date</i>	<i>MEMBER #*</i>

\*(for new members, leave member # blank)

ANNUAL DUES:  
 Total # Student Members \_\_\_\_\_ x \$25 = STUDENT DUES \$ \_\_\_\_\_  
 Total # Faculty Members \_\_\_\_\_ x \$145 for 1st faculty member, \$155 for additional members = FACULTY DUES \$ \_\_\_\_\_  
 STUDENT DUES + FACULTY DUES = **TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**Submit all applications together under one payment method (i.e. one card charge or check for the amount above) to:**

Society for Vascular Ultrasound  
 P.O. Box 75491  
 Baltimore, MD 21275-5491

Or by fax to 301-459-5651  
 Or by email to [tedwards@svunet.org](mailto:tedwards@svunet.org)