



Signature School Member Application

Effective immediately

Membership Expiration: December 31, 2020

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 _____

1 a. Are you interested in volunteering with SVU? Please select all that apply:

Mentee Committee Ambassador to vascular schools

1 b. Please note if you would like to receive the print version of JVU, in addition to your current online access. : YES NO

2. Please select all that apply:

Degrees: Certifications: Other organizations you belong to:

AS	RVT	SDMS
AA	RDMS	SVS
BS	RDCS	SVM
BA	RPVI	SVN
BSN	RVS	ASE
MS	RN	AVLS
MA	CVN	ASN
MSN	LPN	ARRT
Med	LVN	SRU
MBA	RT	ACC
MD	RTR	AIUM
DO	CRT	Other: _____
PhD	RRT	
ScD	RPhS	
JD	Other: _____	
Other: _____		

3. List your expected date of graduation:

____/____/____

4. Calculate membership dues payment

- Student (\$25/pp)
- Faculty liaison* (\$10 off)
*1st liaison only

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.

5. Submit your application and payment to your faculty liaison

Thank you for your continued support of SVU!