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 ______________________________________________________

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          Other: ______
   ScD           RPhS         Other: ______
   JD

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!