

**Affidavit for SVU Signature Lab Membership Category**

***(This completed document must be notarized and submitted with New Signature Lab Membership Application)***

I hereby declare and affirm that I am the official liaison for the SVU Signature Lab Membership Application for (official name of lab and location)

 . I hereby certify that there are vascular technologists in this vascular laboratory and that all of them (100%) have decided to join SVU along with physician so our lab can qualify for the SVU Signature Lab Membership designation for 2020 and the accompanying discounted SVU membership fees for 2020 as stated on the SVU Signature Lab Application form.

Any misrepresentation on my part in this affidavit or omission of material fact; and/or failure to comply with any of the other conditions of the SVU Signature Lab Membership category may be grounds for denying this vascular lab the member status as an SVU Signature Lab and/or for revoking our Signature Lab Member status if improperly awarded.

(Printed name of lab liaison) (SVU Member I.D. #)

(Signature of person) (Date)