

**Affidavit for SVU Signature School Membership Category**

*(This completed document must be submitted with Signature School Membership Application)*

I hereby declare and affirm that I am the official liaison for the SVU Signature School Membership Application for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (official name of school and location)

 . I hereby certify that there are vascular students in this sonography program and that all of them (100%) have decided to join SVU along with faculty member so our school can qualify for the SVU Signature School Membership designation and the accompanying discount SVU membership fees as stated on the SVU Signature School 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 School Membership category may be grounds for denying this institution the member status as an SVU Signature School and/or for revoking our Signature School Member status if improperly awarded.

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

(Signature of liaison) (Date)