

SVU Signature Lab Membership Application

Effective November 1, 2019

Membership Expiration: December 31, 2020

**Invoice Date:**

Name of Signature Lab:

Address of Signature Lab:

Name / Credentials of Signature Lab Liaison (Contact):

Phone

Email

**Regular Annual Dues: $155 per person Physician annual Dues: $255**

1. Please select Signature Lab level below: (student members not counted toward total)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Level* | *Staff Size* |  |  | *Dues Discount* | *Technologist* | *Physician* |
| Silver Level: | 3 sonographers | + | at least 1 MD | Silver: 5% | $147.25 | $242.25 |
| Gold Level: | 5 sonographers | + | at least 1 MD | Gold: 7% | $144.15 | $237.55 |
| Platinum Level: | 10 sonographers | + | at least 1 MD | Platinum: 10% | $139.50 | $229.50 |
| Titanium Level: | 20 sonographers | + | at least 1 MD | Titanium: 15% | $131.75 | $216.75 |

1. Liaison: please sign & attach [Affidavit](http://www.svunet.org/files/members/SignatureLabMembership_Affidavit.pdf) of 100% participation by Vascular Technologists/Sonographers. *(New applications only)*
2. Attach completed [Dues Invoice](http://www.svunet.org/files/members/SignatureLabMembership_DuesInvoice.pdf) for each new member with payment.
3. Please list the names of your SVU Signature Lab members below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *NAME Copy additional pages if needed* | *Technologist* | *MD / DO* | *New Member* | *Renewing* | *MEMBER #\** |
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\*(for new members, leave member # blank and complete an individual dues invoice for each)

ANNUAL DUES: Total # Members × Discounted Rate = TOTAL DUES $

4601 Presidents Dr., Suite 260, Lanham, MD 20706-4831 | tel 301-459-7550 | fax 301-459-5651 | [www.svunet.org](http://www.svunet.org/)