

SOCIETY FOR VASCULAR ULTRASOUND



Students

For over 35 years, SVU has been dedicated to the advancement of noninvasive vascular technology used in the diagnosis of vascular disease.

Education & Exam Preparation

SVU is committed to help you prepare and pass the ARDMS RVT or CCI RVS examination.

Journal for Vascular Ultrasound This quarterly journal delivers original scientific articles, technical reviews and applicable insights to help you connect what you are learning in the classroom to what you see in the workplace. Earn up to three CME credits per issue online (12 per year). **FREE** Online Access Only

SVU Annual Conference Hear the latest research surrounding vascular ultrasound and connect with leaders across the world. Earn up to 15.25 SVU CME credits. **DISCOUNT**

Monthly Webinars No need to travel, just sit at your desk! Earn at least six CME credits. **FREE**

Scholarships Have access to over \$3,000 in scholarships to help with school tuition and travel costs to the SVU Annual Conference.

Community

Connect with our community of over 5,200 vascular professionals from around the world.

Online Job Center Get your dream job with a few clicks of the mouse. **FREE**

Social Discussions Gone are the days of posting pictures or tweeting the latest quote you heard, SVU offers a personal community platform where members can connect based on interests or location and can post questions to receive instant feedback from colleagues.

Make your school stand out over all the others... *Become an SVU Signature School*

Electing to become a *Signature School* is a way to demonstrate the school's commitment to develop the best generation of vascular technologists. Discounted membership, products and services are just a few of the tangible benefits you will receive. **Call SVU for more details.**



Learn more at www.svunet.org/membership



The VOICE for the Vascular Ultrasound Profession since 1977



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SVU MEMBERSHIP APPLICATION

Please type or print

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name _____

Job Title _____

Preferred Mailing Address: ☐ Business ☐ Home

Company/Institution _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Billing Address for credit card charges (if different from address above)

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Dues (effective until 12/31/2014)

Note: Approximately 20% of your membership dues will be used for advocacy expenses.

- ☐ **Physician Membership (USA/International)**\$245/yr
☐ **Regular Membership (USA & Canada)**\$145/yr
☐ **International Membership (outside USA & Canada)**\$150/yr
☐ **Resident/Fellows Membership**\$95/yr

Resident/Fellows rate is for physicians training at an accredited hospital. ALL are required to submit proof of status in the form of a letter from their department head or program director.

- ☐ **Student**\$25/yr
Students must be full time undergraduate or graduate students and must submit a letter from the department head or registrar certifying your current student status and date of graduation.
☐ **Student Transitional Membership**\$80/yr
Previously enrolled SVU Student Members for first year after graduation.
☐ **Retired/Disabled Member**\$45/yr

*Retired from active employment and no longer employed and/or permanently disabled.
Visit online for details and required affidavit.*

Payment method

Please make checks payable to SVU in US funds drawn on a US bank, net of all bank charges, or use a credit card: ☐ MasterCard ☐ Visa ☐ AmEx

Account No. _____ Exp. Date _____

Signature _____

Print name _____

Mail this form to:

SVU, P.O. Box 75491
Baltimore, MD 21275-5491

Or fax to (credit card payment only):
301-459-5651

For more information

Phone: 301-459-7550 or 800-SVU-VEIN
E-mail: svuinfo@svunet.org

Or visit us on the web at www.svunet.org

Referring Member

Name _____

Member ID _____

Certification(s) by professional certifying board or agency:

- ☐ RVT ☐ RDMS ☐ RDCS ☐ RVS ☐ RPVI
☐ RPhS ☐ RN ☐ CVN ☐ LPN ☐ LVN ☐ RT
☐ RPhS ☐ RTR ☐ CRT ☐ RRT ☐ PA-C
☐ Other: _____

Highest Degree earned:

- ☐ High School ☐ Some College
☐ Diploma Program ☐ AS ☐ AA ☐ BS
☐ BA ☐ BSN ☐ MS ☐ MA ☐ MSN
☐ Med ☐ MBA ☐ MD ☐ DO ☐ PhD
☐ ScD ☐ JD ☐ Other: _____

Work setting (check one):

- ☐ Hospital/Institution
☐ Private Lab/Physician's Office
☐ Equipment Company

Other organizations of which you are a member:

- ☐ SDMS ☐ SVS ☐ SVM ☐ ASE ☐ ACP
☐ ASN ☐ ACC ☐ SIR ☐ SVN ☐ ACR
☐ ASRT ☐ Other: _____

Year you began work in a noninvasive field:

Specialty of the Physician Medical Director (check one):

- ☐ Vascular Surgery ☐ Cardiology
☐ Cardiovascular Surgery
☐ Radiology ☐ Neurology
☐ General Surgery
☐ Other: _____

Is the performance of noninvasive vascular testing your primary job responsibility?

- ☐ Yes ☐ No

If not, describe your primary job responsibility:

If you are a member of an affiliated SVU Chapter, specify chapter:

Promotion Code: _____