

Referring Member

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The VOICE for the Vascular Ultrasound Profession since 1977

SVU MEMBERSHIP APPLICATION

Please type or print☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name _____

Job Title _____

Preferred Mailing Address: ☐ Business ☐ Home

Company/Institution _____

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City _____ State _____ Zip _____

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

Address _____

City _____ State _____ Zip _____

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Dues (effective until 12/31/2015)*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** \$60/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.orgOr visit us on the web at www.svunet.org

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: _____

ARDMS Number: _____

CCI Number: _____

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

Promotion Code: _____