



The VOICE for the Vascular Ultrasound Profession since 1977

### Referring Member (optional)

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

# SVU MEMBERSHIP APPLICATION

effective until December 31, 2015

## 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: \_\_\_\_\_

Certification(s) by professional certifying board or agency:

☐ RVT ☐ RDMS ☐ RDCS ☐ RVS ☐ RPVI  
☐ 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 ☐ SIR ☐ SVN ☐ ACR ☐ ASRT  
☐ Other: \_\_\_\_\_

Year you began work in noninvasive field:

\_\_\_\_\_

Specialty of the Physician Medical Director (check one):

☐ Vascular Surgery ☐ Cardiology  
☐ Cardiovascular Surgery  
☐ Radiology ☐ Neurology  
☐ General Surgery  
☐ Other: \_\_\_\_\_

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

\_\_\_\_\_

SVU members will have their credits transferred to their ARDMS and/or CCI account.

ARDMS Number: \_\_\_\_\_

CCI Number: \_\_\_\_\_

Please make sure that the name on the application matches the name on your ARDMS/CCI account.

Promotion Code: \_\_\_\_\_

## Dues (effective until December 31, 2015)

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

- ☐ **Regular Membership (USA & Canada)**..... \$145.00 annually
- ☐ **International Membership (outside USA & Canada)**..... \$150.00 annually
- ☐ **Resident/Fellows Membership** ..... \$95.00 annually  
*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**..... \$25.00 annually  
*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**..... \$60.00 annually  
*Previously enrolled SVU Student Members for first year after graduation.*
- ☐ **Retired/Disabled Member** ..... \$45.00 annually  
*Retired from active employment and no longer employed and/or permanently disabled.  
Visit [www.svunet.org/membership/retired](http://www.svunet.org/membership/retired) 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](mailto:svuinfo@svunet.org)  
Or visit us on the web at [www.svunet.org](http://www.svunet.org)