



Membership Application

Applying for: Membership Associate Membership
 See requirements on reverse side
 (Current members may apply for Fellow or Senior status.)

PERSONAL DATA Complete both pages of application — print or type

FIRST/GIVEN NAME MIDDLE INITIAL LAST/FAMILY NAME DEGREE(S)

BUSINESS

BUSINESS ADDRESS 1

BUSINESS ADDRESS 2

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX EMAIL

HOME ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX EMAIL

Preferred Address for SVM mailings (check one): Business Home

PROFESSIONAL DATA

Vascular Interests

- Cardiovascular Prevention & Lipids
- Cerebrovascular Diseases
- Clinical Vascular Medicine
- Diabetes Mellitus & Metabolic Syndrome
- Peripheral Vascular Interventions
- Teaching
- Thromboembolism & Anticoagulation
- Vascular Laboratory
- Vascular Research
- Vascular Surgery Radiology
- Wound Care
- Other _____

Practice Type

- Basic Research
- Cardiologist
- Internal Medicine
- Interventional Radiologist
- Interventionist
- Neurologist
- Research Scientist
- Vascular Internist
- Vascular Surgeon
- Other _____

Primary work setting (check one)

- Cardiovascular Practice Group
- Government Hospital or Agency
- Medical School or University
- Multi-Specialty Group Practice
- Non-Government Hospital
- Solo Practice
- Other _____

PAYMENT Payment in U.S. Funds must accompany this application.

- SVM Member Dues..... \$225
- SVM Associate — Only online access to *Vascular Medicine* \$25
- Optional subscription to *Vascular Medicine* for Associate Members only..... \$85

Master Card Visa American Express Wire Transfer Check Payable to Society for Vascular Medicine

CARDHOLDER'S NAME _____ CARD NUMBER _____

EXP DATE (MM/YYYY) _____ SIGNATURE _____ DATE _____

MEMBERSHIP CLASSIFICATIONS AND REQUIREMENTS

NEW APPLICANTS:

An **Associate Member** is an individual in an accredited postgraduate training program. An Associate Member is not entitled to vote or hold elected or appointed office. Such individuals may apply for full Fellow or Member status on completion of their training program. An optional subscription to *Vascular Medicine* is available for \$85. Applicants for Associate Member **must complete the training program information below.**

A **Member** is an individual who maintains a professional interest in vascular medicine, vascular surgery or vascular radiology. A Member is not entitled to vote or hold elected or appointed office. Membership dues include a subscription to *Vascular Medicine*. Applications **must be accompanied by current CV** or Summary of Activities stating applicant's interest in vascular medicine.

CURRENT MEMBERS APPLYING FOR ADVANCEMENT:

A **Fellow** of the Society is a founding Member or an individual involved in the practice, teaching, or research aspects of vascular medicine. Nominations for fellowship shall be by written recommendation of one or more Fellows **after one year of membership**. A Fellow must have completed post-doctoral (e.g., MD or DO or equivalent) training in internal medicine, cardiovascular disease, vascular surgery or interventional radiology or other related vascular specialties. Alternatively, a Fellow may have attained a doctorate degree in any of the biomedical sciences (e.g., PhD or equivalent). A Fellow must demonstrate an interest and leadership in vascular disease, such as Board Certification in Vascular or Endovascular Medicine. Nominations of Fellows who have done meritorious work in the field of Vascular Medicine can also be made at the discretion of the President or the Credentials Committee. A Fellow is entitled to vote and hold elected or appointed office. Membership dues include a subscription to *Vascular Medicine*. Applications to advance from Member to Fellow **must be accompanied by current CV**, including bibliography, and a **Letter of Recommendation** from a Fellow of the SVM.

After attaining the age of sixty-five years, an active Member or Fellow may, upon request, be named a **Senior Member**. Active Members or Fellows who cease the practice of vascular medicine, upon application to and approval by the Executive Committee, may also be named a Senior Member. Senior Members shall have all of the privileges of Fellows except the right to vote and to hold elected or appointed office. An optional subscription to *Vascular Medicine* is available for \$85.

ASSOCIATE MEMBER APPLICANTS MUST COMPLETE THIS SECTION

I certify that I am:

- | | | |
|--|------------------------------|-----------------------------|
| a) Involved in at least half-time in a degree-granting program or formal training program that fosters professional development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) In good standing in my training program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) No more than 2 years post-graduation status from the highest degree that I have undertaken (may include post-doctoral or masters) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide your advisor or training director's name and contact information.

NAME OF TRAINING DIRECTOR _____

TELEPHONE _____

E-MAIL _____

APPLICATION PROCESS

Applications for membership or advancement in SVM are reviewed by the SVM Credentials Committee and the Board of Trustees. Applicants will be notified of application status within 90 days.

By signing this application, I agree to adhere to the standards set forth in the SVM Code of Ethics.

Signature of Applicant _____ Date _____

MAIL OR FAX THIS FORM WITH PAYMENT AND SUPPORTING MATERIALS TO

Society for Vascular Medicine, 111 Deer Lake Road, Suite 100, Deerfield, IL 60015 USA
Tel: +1-847-480-2961 | Fax: +1-847-480-9282 | info@vascularmed.org