APDVS Associate Membership Application & Criteria Form

Membership Criteria

Associate membership may be granted to individuals who are at least 4 years out of training and who have special expertise and interest in the education of vascular surgery trainees and/or educational science, but who are **not** currently associated with a vascular surgery training program as program director or associate program director.

Eligible applicants include, but are not limited to:

- Individuals nominated by an active APDVS member and elected by a majority vote of a quorum at the APDVS Annual Business Meeting.

Membership Continuation & Termination

- Membership continues as long as the member meets the established requirements by the APDVS Executive Council and will be reviewed after two years.
- Membership may be terminated by the member or by a majority vote of the Association.

Rights & Responsibilities

- May participate fully in Association discussions.
- Expectation of paying a reduced annual dues to offset administrative costs.
- **Cannot** hold office, vote on Association matters, or chair committees.
- May serve as a committee member.
- Associate members may not exceed **10% of total APDVS membership**.

Associate Membership applications are due by December 15, 2026. The Executive Council will review all submissions, and the membership will vote during the APDVS Annual Business Meeting on March 6, 2026.

Application Form

Full Name: _____

Title/Position: _____

Institution/Organization: _____

Mailing Address:

Phone: _____ **Email:** _____

Nominator (must be an APDVS Member)
Name: _____
APDVS Member Since: _____

Brief Statement of Qualifications for Associate Membership. Please include CV with application.
(Please describe your expertise, interest in vascular surgery education, and relevant experience.)

Acknowledgement
I certify that the above information is correct, and I understand the rights and responsibilities of APDVS Associate Membership.

Signature: _____ Date: _____

For APDVS Use Only
☐ Approved ☐ Denied
Date of Review: _____
Reviewed By: _____