



Eligibility— Affiliate membership is available to non-physicians who have demonstrated an active interest in the field of vascular disease, including, but not limited to: vascular nurses, physician assistants, vascular technologists, hospital and practice administrators.

Contact Information

First Name, Middle Name, Last Name, Suffix (II, III, IV, V, Junior, Senior), Credential(s)

Business Address

Institution, Address Line 1, Address Line 2, City, State, Zip, Country (U.S., Canada, Other)

Home Address

Address Line 1, Address Line 2, City, State, Zip, Country (U.S., Canada, Other)

Which of these is your preferred address? Business Home

Phone

Preferred Phone, Work, Home, Mobile, Admin

Alternate Phone (optional), Work, Home, Mobile, Admin

Email

Preferred Email

Alternate Email
(optional)

Website

Website Link
(optional)

Professional Background

Please answer the following questions regarding your education and experience:

Academic History

University Name

Begin Date
(MM/YYYY)

 /

End Date
(MM/YYYY)

 /

Credentials

Date Received
(MM/YYYY)

 /

Name

Certifier

Sponsors

All applicants are required to be sponsored by two physicians, one of whom must be an member of the SVS, and in good standing.

Please provide us with the names of two physicians that endorse your application to become an Affiliate member of the SVS. In submitting these names, the applicant attests that they have communicated with these sponsors, who have agreed to attest to the applicant's significant interest in, and commitment to, the care of vascular surgery patients and the field of vascular health, and endorse this application.

Sponsor 1 Name

Preferred Email

Member of SVS?

Yes No

Sponsor 2 Name

Preferred Email

Member of SVS?

Yes No

Additional Documentation

Supplemental documents to support your application are welcome, but not required. Appropriate file formats are Word, or PDF files.

Supplemental documents include:

- Presentations
- Publications
- Research grants
- Licensure/Licensure Number

Section Memberships

If desired, please check the box(es) next to the SVS Sections you wish to join.

- PA Section
- Section on Outpatient and Office Vascular Care

Statement of Authorization

I hereby apply for membership in the Society for Vascular Surgery, and certify that the statements contained in this application and its attached documents are true to the best of my knowledge and belief and further acknowledge that falsification is cause for disqualification of my application. I hereby grant permission to the Society to make inquiries it deems necessary of the hospitals where I practice to confirm these statements. I further understand and agree that in consideration of my application my ethical and professional standing will be reviewed and assessed by the Society, that the Society may make inquiry of the persons and institutions, including any medical organizations of which I am a member, named in my application and of such other persona as the Society deems appropriate. I understand I will not be advised of the identity of the persons from whom information has been requested or as to the nature of such information; and that all statements and other information furnished to the Society in connection with such inquiry shall be confidential. If my application is accepted, I pledge to abide by the Society's Bylaws, Code of Ethics and its policies and procedures. I hereby agree that if my application is not acted upon favorably, I will not hold the Society or any of its officers, members, or agents legally responsible for such action. The above representations are accurate and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

If you have any questions, please contact the SVS membership department at: membership@vascularsociety.org or 312-334-2313.

Required application materials include:

- **Complete application form**
- **Curriculum Vitae**
- **Two Sponsors**
 - **One of which must be from an Active SVS member**
 - **No more than one can be from someone with whom you have a financial relationship**

Please note that incomplete applications will not be processed.