



Eligibility—International membership may be granted to surgeons residing outside of North America who have demonstrated knowledge and skill in the diagnosis and management of vascular disorders. To apply, your practice must be primarily dedicated to vascular surgery.

IDENTIFYING INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX (e.g., MD)

BUSINESS ADDRESS

INSTITUTE

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

COUNTRY

BUSINESS
PHONE

BUSINESS FAX

EMAIL

Please list your membership in any vascular societies:

Are you applying as part of an SVS international chapter?

YES NO

If yes, please provide the name of the chapter president.

LETTERS OF SUPPORT

If you are applying as part of an SVS chapter, your letters will be obtained for you.

If you are applying outside of an international chapter, you may meet this requirement in one of the following ways:

- 1) Submit two sponsorship letters from active or international SVS members.
- 2) In situations where two SVS members are not available to provide supporting letters, one letter may be from the leadership of the applicant's home vascular society and one letter from an SVS member. The applicant's home society letter must attest to membership in good standing in the society and summarize the applicant's qualifications for SVS membership.

Your membership application is not complete until SVS receives these two letters of sponsorship.

Please provide the names of the individuals from whom you have requested letters.

SPONSOR 1 NAME

SPONSOR 2 NAME

Section Memberships

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

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. Please note that incomplete applications will not be processed.