2008 Membership Application

NEPVC

North Eastern Pennsylvania Vascular Chapter

Please Type or Print

Name: _____ Title: _____
last first initial

Mailing Address: _____

_____
city state zip

Business Telephone: _____ Fax: _____
Home Telephone: _____ **E-mail**: _____

Certification(s) by professional certifying board or agency:
☐ RN ☐ RVT ☐ RT ☐ RDMS ☐ LPN/LVN ☐ RDCS ☐ RVS ARDMS # _____
☐ RCS ☐ CVN CCI #_____

Highest Degree Earned: ☐ AS ☐ AA ☐ MD ☐ DO
☐ BS ☐ BA ☐ BSN ☐ PhD
☐ MS ☐ MA ☐ MSN ☐ DPM
☐ Other: _____

Title of your position: _____ Place of Employment: _____

Work Setting: (check one) ☐ Hospital/Institution ☐ Private Lab/Physician's Office
☐ Mobile ☐ Equipment Company

Department: (check one only)
☐ Radiology ☐ Neurology ☐ Vascular Surgery ☐ Cardiology ☐ Cardiovascular Surgery
☐ General Surgery ☐ Other: _____

Are you a member of SVT? ☐ Yes ☐ No

Dues are $20 for the 2008 Calendar year (January 1 – December 31). Please submit as soon as possible and no later than Dec. 31, 2007 for inclusion in Annual Membership Directory. Please make checks payable to NEPVC and send this form to:

Kathy Seufert, RN,RVT
Treasurer
5210 Suncrest Cr
Whitehall Pa 18052

FOR OFFICE USE ONLY
Date Received: _____
Payment Enclosed: _____
Computer Update: _____
Date Notified: _____ 08/03

Chairman _____
Secretary _____
Bylaws _____
Membership _____