

HOUSTON SOCIETY OF NON-INVASIVE VASCULAR TECHNOLOGY

MEMBERSHIP APPLICATION _____

DATE: _____

NAME: _____
Please print

E-MAIL: _____
For meeting notification (please print legibly)

Company/Institution: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

FAX: _____ **CONTACT PHONE #** _____

Credentials: ___RVT ___RDCS ___RDMS ___Student ___MD ___RN ___Manager
___Instructor ___BS ___BA ___Other

Years of experience: _____

HSNIVT MEMBERSHIP ___New ___Renewal

If vendor please include Company Name and contact information

I would be interested in supporting the HSNIVT by:

- ___ Sponsoring a meeting
- ___ Hosting a meeting
- ___ Running for office
- ___ Serving on a committee
- ___ Miscellaneous (ad hoc) work

ANNUAL MEMBERSHIP DUES \$25.00 Active and Associate Members
\$25.00 Affiliate (vendors)
\$15.00 Students

Make payable to: HSNIVT

Mail to: 618 South Ripple Creek
Houston, Tx 77057