

**APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PREFERRED MAILING ADDRESS (CHECK ONE): OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_

PLEASE PROVIDE EMAIL ADDRESS(ES) PREFERRED FOR BILLING: \_\_\_\_\_

PLEASE PROVIDE EMAIL ADDRESS(ES) PREFERRED FOR MEMBERSHIP COMMUNICATIONS:  
\_\_\_\_\_

MAIN HOSPITAL APPOINTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

OTHER HOSPITAL APPOINTMENT: \_\_\_\_\_

MEDICAL SCHOOL APPOINTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

MEMBERSHIP IN SOCIETIES, COLLEGES, SPECIALTY BOARDS, ETC. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NJ LICENSE NUMBER \_\_\_\_\_ # OF PUBLICATIONS: \_\_\_\_\_ VASCULAR OTHER \_\_\_\_\_

VASCULAR MEETINGS ATTENDED IN PAST THREE YEARS – PLEASE ATTACH SEPARATE LIST OR CV

***PREVIOUS TRAINING***

UNDERGRADUATE \_\_\_\_\_ DEGREE \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_ DEGREE \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

INTERNSHIP AND RESIDENCY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FELLOWSHIPS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

(Nature of Training)

SPECIAL VASCULAR TRAINING (if not listed above) \_\_\_\_\_

**\*\* VSNJ Website Link Authorization \*\***

\*\* website or email we can link to your practice site \_\_\_\_\_

*All active members will be included on the VSNJ website unless indicated below.*

No, I DO NOT want my name/office listed on the VSNJ website.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please include annual dues payment of \$250 made Payable to VSNJ and sent to  
150 West State Street Suite 110, Trenton, NJ 08608**



**Vascular Society of New Jersey**  
 150 West State Street, Suite 110, Trenton, New Jersey 08608  
 P: (609) 392-7553  
 F: (609) 392-2664  
 Website: www.vsnj.org

## Membership Invoice

Bill To:	Corrections to Billing Address:

Please **verify/correct/complete** the following information:

Email Address:	
Practice Name:	
Phone:	Fax:

DESCRIPTION	AMOUNT
<b>Membership Dues</b>	
<i>July 1<sup>st</sup> - June 30<sup>th</sup></i>	<b>\$250.00</b>
<small>As in the past, contributions or gifts to the Vascular Society of New Jersey are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses, however, as a result of the federal budget and tax laws passed in 1993, any portion of dues used for lobbying activities are no longer tax deductible for federal purposes. Based on the portion of dues allocated for lobbying, it is estimated that the non-deductible portion of your dues is 10 percent.</small>	----- <b>Total: \$250.00</b>
- THANK YOU FOR YOUR CONTINUED SUPPORT -	

**VSNJ Website Link Authorization** – Please write the website/email we can link to your practice site:

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*All active members will be included on the VSNJ website unless indicated here:*  
 Please check here if you do NOT want your name/office listed on the VSNJ website.

**Please return this invoice with your payment.**

Make checks payable to: **VSNJ**  
 Mail to: Vascular Society of NJ, 150 West State Street, Suite 110, Trenton, NJ 08608

- OR -

(circle one)      Visa®      MasterCard®      American Express®

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Membership renewals can also be faxed to: (609) 392-2664