

APPLICATION FOR MEMBERSHIP

Name: _____ Date of birth: _____

PRACTICE NAME: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

HOME ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate email: _____

Preferred MAILING address (check one): PRACTICE: _____ HOME: _____

Please provide email address(es) preferred for billing: _____

Please provide email address(es) preferred for membership communications:

Main Hospital/Practice Appointment: _____

Title: _____ From: _____ To: _____

Other hospital appointments: _____

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 as needed:

Email Address:	
Practice Name:	
Phone:	Fax:

DESCRIPTION	AMOUNT
Membership Dues: January 1 – December 31 <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>	\$250.00 ----- Total: \$250.00
- THANK YOU FOR YOUR CONTINUED SUPPORT -	

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

All active members will be included on the VSNJ website unless indicated here:
 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: **Vascular Society of New Jersey**
 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: _____ CVV: _____ Zip Code: _____ Signature: _____

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