

Present Hospital Appointments (*No More Than Two*)

Present Medical Society Memberships

STATEMENT

The information provided in this application is factual. VASA has my permission to verify any component if, for any reason, it is needed.

Applicant's Signature _____ Date _____

VASA MEMBERSHIP

Applicants will be notified promptly upon approval of membership.

Membership dues must be submitted with application.

- Membership Dues for Physicians: \$200
- Membership Dues for Dialysis Care Providers: \$75

DOCUMENTS TO BE SUBMITTED

- Membership application
- Dues check payable to VASA
- Copy of curriculum vitae

RETURN TO

Vascular Access Society of the Americas
19 North Street
Salem, MA 01970