

# VASA Membership Form

## Instructions

Please complete all sections of this application. Sign and return the application with payment to Vascular Access Society of the Americas, 1024 Capital Center Drive, Suite 205, Frankfort KY 40601, or fax to (859) 271-0607 if paying by credit card.

## CONTACT INFORMATION

First Name Last Name Credentials

Home Address

City State ZIP

E-Mail Address Phone

Organization/Institution

Job Title

Company Address

City State ZIP

Phone Number Website

Choose a Password (for VASA Website)

## MEMBERSHIP FEES

- Physician Member: \$225       Allied Health Member: \$100  
 Latin American Physician: \$100

## PAYMENT INFORMATION

Balance Due \$ \_\_\_\_\_

A check is enclosed (made payable to VASA).

Please charge this amount to this credit card: \$ \_\_\_\_\_

AmEx     Visa     MasterCard     Discover

Card Number

Expiration Date

Name on Card (please print)

Billing Address

Signature Date



## PROFESSIONAL INFORMATION

Check here if self-employed.

### Your Profession:

- Assistant                       Nurse Practitioner  
 Interventional Nephrologist    Physician Assistant  
 Interventional Radiologist    Surgeon  
 Nephrologist                     Technician  
 Nurse

### Primary Subspecialty:

\_\_\_\_\_

### Major Clinical Practice Expertise:

- General Surgery                 Physician's Assistant  
 Vascular Surgery                Nurse  
 Transplant Surgery             Technician  
 Nephrology                       Dialysis Care Provider  
 Interventional Nephrology    Corporate Professional  
 Interventional Radiology

Join online at [vasamd.org/membership](http://vasamd.org/membership).