



NorthEast Ohio Association of Vascular Access

**NORTHEAST OHIO CHAPTER OF THE ASSOCIATION
OF VASCULAR ACCESS**

MEMBERSHIP APPLICATION

Date:	<input type="checkbox"/> New Member <input type="checkbox"/> Membership Renewal
Name:	
Occupation:	
Home Address:	
Home telephone #:	
Employer:	
Work Address:	
Work Telephone #:	

Please indicate how you would prefer to receive information re: meetings/programs:

<input type="checkbox"/> By mail:	<input type="checkbox"/> Home Address <input type="checkbox"/> Work address
<input type="checkbox"/> By E-Mail	E-Mail address:

Method of Payment: NEO-AVA Annual Dues: \$25.00/yr.

(Dues include membership and invitation to 3 meetings per year and one all day meeting every two years)

Non-membership fee for attendance to meetings is \$15.00 per program

<input type="checkbox"/> Check (Payable to NEO-AVA)	<input type="checkbox"/> Cash
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Please return this membership application along with payment to:

Christine Thomas, President of NEO-AVA

NEO - AVA

PO Box 361524

Strongsville, Ohio 44136

Our Multidisciplinary Network Meetings are usually held in March, May, and October and include network discussions on current theory, practical experience, concerns, etc., CEU presentations and dinner.

Please tell us what various topics you would be interested in discussing and would like to have presented at further quarterly meetings. Please be specific:

Are you interested in becoming more active in NEO-AVA? ___ Yes ___ No