

Never Been a Member of AVA? NOW'S THE TIME!



Don't miss out on this new opportunity for network members only!

JOIN AVA FOR \$75 (reg. \$115), if you are a network member

Sign up at www.avainfo.org/membership and use the special discount promotion code **New2AVA**

It's time for you to take advantage of your member-only benefits . . .

Subscription to JAVA (online and print), reduced fees for AVA's Annual Scientific Meeting, reduced rates to take the VACC Exam, discounted Continuing Education credits, E-VAN (quarterly electronic newsletter) subscription, access to Member Only section of AVA's website, reduced membership rates to network members, access to leading industry experts and so much more!



JOIN ONLINE AT WWW.AVAINFO.ORG/MEMBERSHIP OR COMPLETE THIS FORM AND RETURN WITH PAYMENT

CONTACT INFORMATION

Name _____
 Credentials _____
 Home Address _____
 City _____
 State/Province _____ Zip _____
 Country _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 E-mail Address _____
 Employer's Name _____
 Job Title _____

EMPLOYER TYPE

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternate Site | <input type="checkbox"/> Home Infusion | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Industry | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> IV Team | <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Other: _____ | | |

PROFESSION (CHECK ONE)

- | | | |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Administration / Management | | |
| <input type="checkbox"/> Physician: Speciality _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Years in Vascular Access: _____

Certifications: _____

Other Professional Affiliations: _____

Interested in Local Network info? Yes No

Member of the _____ Network

ANNUAL DUES

only \$75

~~\$115~~ (mailed or faxed application)

Discount applicable to 1st year membership only.

Use Special Discount Code **New2AVA**

AVA dues are not deductible as charitable contributions for tax purposes.
 Consult your tax advisor, as they may be deductible under sections of the tax code.
 Membership is renewed at the same time each year at the end of the month you originally joined.

Please mail or fax application to:

AVA • 5526 West 13400 South / Suite 229 • Herriman, UT 84096
 877-924-2821 • (801)792-9079
 or fax your credit card information to (801) 601-8012

- In addition to my AVA membership, I want to receive the online **JVA** subscription at the special AVA member discounted rate of \$55. THIS IS IN ADDITION TO MY FREE PRINT AND ONLINE SUBSCRIPTION TO **JAVA**. **JVA** is not the quarterly journal published by AVA. For questions contact AVA.

PAYMENT OPTIONS

- Check enclosed payable to: AVA

Card No _____

Exp. Date _____ Security Code _____

Amount to be billed \$ _____

Signature _____

Date _____

- YOUR SURVEY ANSWERS FOR CASH!** Your skills as a vascular access professional are valuable -- and so is your opinion! Join the AVA Survey Panels and get paid cash to answer short surveys from AVA corporate members. Your responses will be anonymous. Check here if you would like more information about the AVA Survey Panels.

Privacy Notice - AVA respects the privacy rights of all individual members. Select information submitted on your membership application is published on our online AVA Membership Directory. If any individual member does not want their membership information published, that individual should forward a written request to be omitted with their application or by letter to AVA, 5526 West 13400 South, Suite 229, Herriman, UT 84096, or fax to 801-601-8012.