

## Why Join SVIN?

The society was created to achieve highest level of care for patients through increased collaboration in scientific research, educating young professionals and training young investigators. We also aim to provide opportunities to connect leaders in the field and provide a common ground for dialogue and creation of practice and safety standards.

## Members Benefits

- Reduced registration to the SVIN Annual Meeting
- Discounted subscription to Journal of NeuroInterventional Surgery Published by Society of NeuroInterventional Surgery (SNIS) as the Official Journal of the Society of Vascular and Interventional Neurology (SVIN)
- Access to members only section of [www.svin.org](http://www.svin.org) ([mysvin.org](http://mysvin.org))
- Quarterly newsletter
- Advocacy and counsel on critical care issues.
- Opportunities to connect leaders in the field and network on the creation of practice and safety standards.



6737 W. Washington St., Suite 1300  
Milwaukee, WI 53214



## Membership Application

6737 W. Washington St., Suite 1300  
Milwaukee, WI 53214  
414-389-8613  
[www.svin.org](http://www.svin.org)  
[members@svin.org](mailto:members@svin.org)

## SVIN Mission Statement

- To operate and represent a society of persons interested in the innovative treatment of cerebrovascular and other neurological disease.
- To foster cooperation among specialists and sub-specialists who are involved in the interventional treatment of neurological disorders.
- To foster scientific research in the field of cerebrovascular diseases and neurointerventional procedures through internal and external collaboration with other groups.
- To raise awareness and disseminate knowledge concerning developments in cerebrovascular diseases and neurointerventional procedures by promoting, conducting, and supporting teaching activities for the public, physicians, and scientists interested in this field. Such activities include but are not restricted to developing public educational resources, arranging professional meetings for the presentation and discussion of papers and practical workshops dealing with such developments.
- To promote and improve the training of vascular and interventional neurology in teaching programs in collaboration with other organizations.
- To address practical issues faced by specialists and sub-specialists who are involved in the interventional treatment of neurological disorders.

## Membership Types

### Active Membership

Physicians with interest in Interventional Neurology, Vascular Neurology, Neurocritical Care with Board Certification in their underlying Specialty. Active members are eligible to be officers and board members.

Active members are eligible to serve on the Board after three years of SVIN membership and attendance at two of the last three annual meetings.

### Associate Membership

Physicians with interest in Interventional Neurology, Vascular Neurology, Neurocritical Care with Board Certification in their underlying Specialty.

### Junior Membership

Physicians, trainees, medical students with interest in Interventional Neurology, Vascular Neurology, Neurocritical Care. Completed Application.

### Affiliate Membership

Interest in Interventional Neurology, Vascular Neurology, Neurocritical Care. Open to Allied Health Personnel and Pharmaceutical and Biomedical Companies Personnel. Nurses, Nurse Practitioners, Physician assistants, X-ray technologists, and Interventional technologists.

## Membership Application

Join Online at [www.svin.org](http://www.svin.org)

### Contact Information

Prefix  Mr.  Mrs.  Dr.  
 Other, please indicate \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix (JR, SR, Ect.) \_\_\_\_\_

Company/Institutional \_\_\_\_\_

Specialty \_\_\_\_\_

Degree  MD  DO  Resident  
Other, please indicate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Fax \_\_\_\_\_

Email Address \_\_\_\_\_  
*(Required)*

### Membership Type *(Annual Charges)*

- Active \$250  Associate \$125  
 Junior \$50  Affiliate \$100

### Method of Payment *(Please Check)*

- Check (Payable to SVIN in U.S. Funds)  
 VISA  MasterCard  
 Discover  American Express

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
*(Last 3 or 4 digits on back of card)*

Signature: \_\_\_\_\_

### Current Position *(Check all that apply)*

- Physician  Fellow  
 Resident  Medical Student  
 Nurse  Nurse Practitioner  
 Physician Assistant  Technician  
 Representative

Specify your own value: \_\_\_\_\_

### Physician Type *(Physicians only; check all that apply)*

- Interventional Neurologist  Interventional Neuroradiologist  
 Endovascular Neurosurgeon  Interventional Radiologist  
 Interventional Cardiologist  Endovascular and Vascular Surgeon  
 Vascular Neurologist  General Neurologist  
 Neuro intensivist/ Neuro Critical Care Specialist  Neuroimaging specialist

Specify your own value: \_\_\_\_\_

### Fellow Type *(Fellows only; check all that apply)*

- Neurointerventional  Vascular Neurology  
 Neuro-critical Care

Specify your own value: \_\_\_\_\_

### Mail or Fax back to:

**Society of Vascular and Interventional Neurology**  
6737 W. Washington St., Suite 1300  
Milwaukee, WI 53214  
**Fax:** 414-276-7704