

Illinois Vascular Access Network (IVAN)

Promoting Prevention of Vascular Access Complications

Membership Application

IVAN membership is available for physicians, nurses, pharmacists and industry representatives who are Illinois residents. If you want to join AVA visit: www.avainfo.org

The annual membership fee for IVAN is \$36.00.

New Member Renewal AVA Member ID: _____

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Employer's Name _____

Job Title _____

Work Phone _____

E-mail Address _____

PROFESSION:

Physician Nurse Pharmacist Educator Management Sales

Other: (Please specify) _____

RN License #: _____

Other Professional Affiliations: INS ONS Other: (Please specify) _____

Certifications: CRNI Other: (Please specify) _____

EMPLOYER TYPE:

Hospital Clinic Home Infusion Home Health Long-Term Care

Other: _____

Print and mail application with check payable to:

Illinois Vascular Access Network

Mailing Address:

**IVAN c/o
Diane Patino
983 Creekside
Naperville, IL 60563**