



**NCADVS 2012 MEMBERSHIP DUES INVOICE**

**Amount Due: \$50.00**

*For NCADVS membership January 1, 2012– December 31, 2012. Dues are payable January 1 of each year and shall be delinquent and membership terminated for non-payment by March 15.*

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY: ZIP:** \_\_\_\_\_

**PHONE: FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MEMBER TYPES:** A=Currently Active – Full membership, S= Sustaining Membership, retired or former NCADVS member and affiliated group members, H= Honorary- awarded to individuals meeting established criteria.

**Your NCADVS membership is for:**

- \_\_\_\_\_ **New Member**
- \_\_\_\_\_ **Active Member**
- \_\_\_\_\_ **Sustaining Member**
- \_\_\_\_\_ **Honorary Member (no dues payment necessary)**

**To assist us in maintaining an accurate membership record please verify the following**

\_\_\_\_\_ **Retired, do not plan to renew membership**

\_\_\_\_\_ **Do not plan to renew membership**

(Reason: \_\_\_\_\_)

Please Note: Ask that your name be included on your check so that your payment can be properly documented.

**Please make check for Annual Membership payable to NCADVS.**

**Return check and dues invoice to:** Angela Cherene, Stanford Hospital & Clinics, 300 Pasteur Dr, Room H1130H M/C 5603; Stanford, CA 94305