VENOUS DISEASE COALITION
AN INITIATIVE *of the* VASCULAR DISEASE FOUNDATION

MEMBERSHIP APPLICATION

Date: _____

Organization Name: _____

Organization representative to the Venous Disease Coalition

Name: _____

Title: _____

Address: _____

City, State ZIP: _____

Phone: _____

Fax: _____

Email: _____

Mission of Organization: _____

_____

_____

Number of Members (if applicable): _____

Current or future activities, if any, related to venous disease: _____

_____

_____

Membership Category *(please check one)* :

- ❑ ***Full Member:*** National public health and professional health care societies and nonprofit organizations, inclusive of Charter members, whose mission is fully concordant with that of the Coalition.
- ❑ ***Liaison Member:*** Limited to government agencies and any other not-for-profit public health and professional organizations whose bylaws and traditions may limit joining the Coalition, but who wish to coordinate their mission and activities with that of the Coalition.
- ❑ ***Associate Member:*** Regional or national nonprofit organizations with an interest in Coalition activities, but with a lesser stake in national venous disease public and clinician education. This category will include consumer advocacy groups, regional health organizations, regional screening programs, and research associations.
- ❑ ***Supporters:*** For-profit corporations (e.g., pharmaceutical, medical device manufacturers) and for-profit and nonprofit hospitals, health plans and health systems that choose to aid the Coalition in its public health efforts. Supporters will be invited to use Coalition messages, thereby expanding venous disease message dissemination.

To be considered for membership, please complete and return to:

VDF/Venous Disease Coalition ◆ 8206 Leesburg Pike, Suite 301 ◆ Vienna, VA 22182
Phone: 703.485.4500 ◆ Fax: 703.942.8097 ◆ E-mail: info@vdf.org