

# CENTEXVAN (Central Texas Vascular Access Network) is affiliated with the Association for Vascular Access

The mission of AVA throughout the United States and around the world is our mission here in Central Texas:

To improve patient safety, comfort and outcomes; define the vascular access specialty; promote a favorable public policy environment; optimize professionals' knowledge and skill; share best practices and promote research in vascular access.

Name: \_\_\_\_\_

(Please print legibly)

Institution: \_\_\_\_\_

Title/Specialty: \_\_\_\_\_

Are you certified as: VA-BC: Yes/No CRNI: Yes/No Other \_\_\_\_\_

AVA member: Yes/No INS member Yes/No ONS member Yes/No Other \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (Area code) number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Please be sure email is complete and legible as this is how we will communicate primarily)

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Telephone: (Area code): \_\_\_\_\_

I would like to volunteer to be a board member (must be an AVA member also): Yes/No

**Board members include: President, Vice President, Secretary, Treasurer, Web Master, and San Antonio Region Planner**

I would like to volunteer to be a meeting planner: Yes/No

I would like to volunteer to be on the symposium committee: Yes/No

I would like to volunteer to be on the budget committee: Yes/No

I would like to volunteer to help with nominations/elections: Yes/No

I would like to volunteer to be an industry partner liaison: Yes/No

I would like to volunteer in an ad hoc capacity (help as needed throughout year): Yes/No

I would like to volunteer to be on the scholarship committee and/or chair: Yes/No

CENTEXVAN Dues: Your annual membership dues of \$30 are through  
December

CENTEXVAN

Email: [freetoridehdlynn@yahoo.com](mailto:freetoridehdlynn@yahoo.com)

Website: [www.centexvan.org](http://www.centexvan.org)