

**KIVAN- KENTUCKY INDIANA  
VASCULAR ACCESS NETWORK  
Membership Application**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Type:** Cell / Home / Work

**Employer Name:** \_\_\_\_\_

**Employer Type: (Check one)**

- Hospital                       LTAC                       Skilled Nursing Facility  
 Infusion Clinic               Home Health/ Infusion    Other

**Profession:**

- RN                                       Physician  
 Administration/Manager         Corp Representative (Sales)  
 IR Interventional Radiology

**Area of Practice:**

- Medical/Surgical               Critical Care                       Education  
 Oncology                       Pediatrics                       IV Therapy  
 Infection Control               Other

**AVA Member**    Yes    No                      **VA-BC™**    Yes    No  
**INS Member**    Yes    No                      **CRNI**    Yes    No

**1 Year Membership \$25**    **2 Year Membership \$40**    **Renewal**

Submit membership application along with a check/money order made payable to KIVAN. To submit application online go to [www.avainfo.org/KIVAN](http://www.avainfo.org/KIVAN)

**Mail to:**              KIVAN  
                                 c/o Karen Steinberg  
                                 7645 E 103<sup>rd</sup> Ave  
                                 Crown Point, IN 46307