

Eastern North Carolina Association of Vascular Access ENCAVA

Membership/Renewal Application

ENCAVA Annual dues are \$25.00. Your Membership Card will be emailed to your preferred email address when payment is received.

Please Print Legibly

Name _____

Address _____ City _____

State _____ Zip _____ Preferred Phone # _____

Preferred Email _____

(New Member Only) Referred by: _____

Please Check: VA-BC ___ CRNI ___ MD ___ PA ___ NP ___ RN ___ Technologist ___
Sales Rep ___ Other (list) _____

National Association of Vascular Access Member (Yes/No) Number _____

Employment Information

Employer _____ Dept _____

Title _____ Phone _____

Professional Training

Degree: Diploma ___ ADN ___ BSN ___ MSN ___ Other _____

Suggestions for lectures/discussions _____

If you would like to volunteer to help or participate in any way please let us know. We are excited and welcome any assistance you may be able to provide.

Make Checks Payable to ENCAVA and mail to:

**ENCAVA
c/o Jenny Parnell
601 Vail Rd
Pikeville, NC 27863**

Please Check: New Member _____ or Renewal _____

Dues Paid: _____

Membership # Assigned: _____

Card Issued: _____
(date)

Committee Member: _____
(indicate committee)