



2010 ASV MEMBERSHIP APPLICATION

FULL NAME: _____

HOW DID YOU HEAR ABOUT ASV? _____

EMPLOYMENT INFORMATION

COMPANY/ORGANIZATION _____

TITLE _____

BUSINESS ADDRESS _____

CITY/STATE OR PROVINCE/ ZIP _____

COUNTRY _____

BUSINESS PHONE _____

FAX _____

WEBSITE _____

TYPE OF PRACTICE

PRIVATE SHELTER

MUNICIPAL SHELTER

SPAY/NEUTER

INDUSTRY

EDUCATION

PRIVATE PRACTICE

OTHER (please describe): _____

RESIDENCE INFORMATION

HOME ADDRESS _____

CITY/STATE OR PROVINCE/ ZIP _____

COUNTRY _____

HOME PHONE _____

CELL PHONE _____

ADDITIONAL INFORMATION

SCHOOL _____

YEAR OF GRADUATION _____

DEGREES _____

VETERINARY LICENCE # _____

STATE _____

ARE YOU A MEMBER OF AVMA? YES NO

COMMUNICATION PREFERENCES

PREFERRED EMAIL ADDRESS _____

MAILING ADDRESS: HOME BUSINESS

I would like to receive an invite to join the ASV Yahoo listerv group

Yahoo ID: _____

PLEASE CHOOSE ONE:

Show all my information in the online membership directory
(directory available to members only)

Only show my work information in the online membership directory
(member only access)

Only show my home information in the online membership directory
(member only access)

Do NOT show any of my information in the online membership directory
(directory available to members only)

MEMBERSHIP TYPE

\$75 ACTIVE MEMBERSHIP – VETERINARIAN

\$15 AFFILIATE MEMBERSHIP – NON-VETERINARIAN

\$5 VETERINARY STUDENT MEMBERSHIP

DUES PAYMENT

Pay by credit card below or make checks payable to "ASV" and mail to:
PO Box 707, Camas, WA 98607.

VISA

MASTERCARD

AMERICAN EXPRESS

NAME AS IT APPEARS ON CREDIT CARD _____

CREDIT CARD NUMBER _____

EXP. DATE _____

CVV# (3 DIGITS ON BACK OF CARD) _____

BILLING ADDRESS _____

CITY/STATE OR PROVINCE/ ZIP _____

SIGNATURE _____