



APPLICATION FOR MEMBERSHIP—AFFILIATE
Effective 2004

American Veterinary Medical Association
1931 N. Meacham Rd, Ste 100, Schaumburg, IL 60173
847/925-8070, Ext. 6629

Please type or print legibly.

AVMA Membership # _____

Name _____
(First) (Middle) (Last)

Home Address _____

Home Telephone (____) _____

Please use [] home [] business address for journals and AVMA mail.

Professional Education _____
(College)
_____(Degree) _____(Year of Graduation)

Other Degrees _____

Specialty Board Certification _____

Other State or National Veterinary Associations _____

Business Name and Address _____

Business Phone (____) _____

Fax (____) _____ E-Mail _____

Birth Date _____ Birth State _____

Gender: [] Male [] Female

Applicant's Former Last Name: _____

Spouse's Name _____

Please circle items below that apply:
I am a Citizen/Permanent Resident of the United States/Canada.

The AVMA publishes an annual membership directory (print, CD Rom, and future version). Would you like any of the following to be excluded from you membership listing?

[] Home phone [] Business phone [] E-mail address

I hereby apply for Affiliate Membership in the American Veterinary Medical Association, and agree to pay the prorated membership dues as shown in the schedule from the date my application is accepted. I am not a graduate veterinarian. AVMA dues are not tax deductible as charitable contributions. They may be deductible as ordinary and necessary business expenses. However, the estimated 5% that is attributable to AVMA lobbying expenses is not deductible.

I wish to receive the following publication(s) as benefit of membership (check only one):

[] Journal of the AVMA [] American Journal of Veterinary Research [] Both (add \$55 to membership dues)

I would like to receive the annual AVMA Directory and Resource Manual in the form of: [] Bound Volume or [] CD-ROM

Signature of Applicant _____ Date _____

Since Affiliate Membership requires approval by the Executive Board, please do not send money with the application. When the Executive Board has acted on your application, we will notify you of the decision and the amount due if your application is accepted.

AMERICAN VETERINARY MEDICAL ASSOCIATION Bylaws, Article 1

Section 3 – Affiliate Members. Teachers of veterinary medicine or of the science allied to veterinary medicine, and persons engaged in veterinary research, who do not qualify for admission as active members and who are citizens or permanent residents of the United States or Canada, may become affiliate members of the Association upon approval by the Executive Board. Affiliate members shall have the same rights as active members, except that no affiliate member may hold office or vote on any matter.

Section 5 (b) – Applications. An application for affiliate membership shall be accompanied by a complete curriculum vitae of the applicant and letters of recommendation from two active members of the Association or from an organization* represented in the House of Delegates.

*Organizations represented in the AVMA House of Delegates include all state VMAs, and AAAP, AABP, AAEP, AAFHV, AAFP, AAHA, AAIIV, AASRP, AASV, AAV, AAVC, ASLAP, NAFV, Society for Theriogenology, and Uniformed Services.

SCHEDULE OF MEMBERSHIP DUES

Table with 3 columns: Month, Dues Amount, and Month. Rows include January (\$225.00), February (\$206.00), March (\$187.00), April (\$169.00), May (\$150.00), June (\$131.00), July (\$113.00), August (\$94.00), September (\$75.00), October (\$56.00), November (\$37.00), and December (\$19.00).