



APPLICATION FOR MEMBERSHIP—ASSOCIATE

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 _____
(Veterinary Medical College)
(Veterinary 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 _____

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

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

I am a legal resident of a country other than the United States and hereby apply for Associate Membership in the American Veterinary Medical Association, and once approved I would like my membership to commence as of (month) _____.

I ___ am ___ am not a former member of the AVMA. The last year for which I was an active member was _____, and my former member number was _____.

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 _____

**Applications must include certification that the applicant is a member in good standing of a National Veterinary Organization of their home country or the endorsement of two (2) active AVMA members. Please complete one of the following boxes.

CERTIFICATION OF NATIONAL VETERINARY ORGANIZATION SECRETARY

The applicant is a member in good standing of the _____ National Veterinary Organization

Date _____ Signed _____, Secretary

If you have obtained the endorsement of the National Veterinary Organization, send payment in accordance with the schedule of dues shown on the reverse.

ENDORSEMENT OF AVMA - MEMBER VOUCHERS

I am acquainted with the applicant and recommend membership in the American Veterinary Medical Association.

1. Name _____ Please Print

Address _____

Signature _____

AVMA Member Number _____

2. Name _____ Please Print

Address _____

Signature _____

AVMA Member Number _____

DO NOT SEND PAYMENT. PROCESSING OF VOUCHER APPLICATIONS TAKES 60 - 90 DAYS. WE WILL NOTIFY YOU OF THE AMOUNT TO SEND WHEN THE APPLICATION PROCESS IS COMPLETE.

Professional Activity Codes-Associate

Under each heading, please indicate your major activity with a 1 and other activities by a 2 & 3 (where applicable)

Species Codes

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 Amphibians/Reptiles | <input type="checkbox"/> 08 Feline Practice (Exclusive) | <input type="checkbox"/> 15 Mixed Practice (80% Small) |
| <input type="checkbox"/> 02 Aquatic Animals | <input type="checkbox"/> 09 Fur Bearing Animals | <input type="checkbox"/> 16 Mixed Practice (80% Large) |
| <input type="checkbox"/> 03 Avian (Not Poultry) | <input type="checkbox"/> 10 Humans | <input type="checkbox"/> 17 Porcine Practice (Exclusive) |
| <input type="checkbox"/> 04 Bovine Practice (Exclusive) | <input type="checkbox"/> 11 Laboratory Animals | <input type="checkbox"/> 18 Poultry Practice (Exclusive) |
| <input type="checkbox"/> 05 Equine Practice (Exclusive) | <input type="checkbox"/> 12 Large Animal (All Species) | <input type="checkbox"/> 19 Small Animal (Exclusive) |
| <input type="checkbox"/> 06 Equine & Small Animal | <input type="checkbox"/> 13 Marine Mammals | <input type="checkbox"/> 20 Zoo Animals |
| <input type="checkbox"/> 07 Exotic or Wildlife Animals | <input type="checkbox"/> 14 Mixed Practice | <input type="checkbox"/> 21 Non-Species Specific |
-

Medical Discipline Codes

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Anatomy | <input type="checkbox"/> 11 General Medicine | <input type="checkbox"/> 21 Pathology |
| <input type="checkbox"/> 02 Anesthesiology | <input type="checkbox"/> 12 Internal Medicine | <input type="checkbox"/> 22 Pharmacology |
| <input type="checkbox"/> 03 Animal Behavior | <input type="checkbox"/> 13 Laboratory Animal Medicine | <input type="checkbox"/> 23 Physiology |
| <input type="checkbox"/> 04 Alternative Medicine | <input type="checkbox"/> 14 Microbiology | <input type="checkbox"/> 24 Radiology |
| <input type="checkbox"/> 05 Biochemistry | <input type="checkbox"/> 15 Neurology | <input type="checkbox"/> 25 Surgery |
| <input type="checkbox"/> 06 Cardiology | <input type="checkbox"/> 16 Non-Medical | <input type="checkbox"/> 26 Theriogenology |
| <input type="checkbox"/> 07 Dentistry | <input type="checkbox"/> 17 Nutrition | <input type="checkbox"/> 27 Toxicology |
| <input type="checkbox"/> 08 Dermatology | <input type="checkbox"/> 18 Oncology | <input type="checkbox"/> 28 Veterinary Preventive Med. |
| <input type="checkbox"/> 09 Emergency & Critical Care | <input type="checkbox"/> 19 Ophthalmology | <input type="checkbox"/> 29 Veterinary Public Health |
| <input type="checkbox"/> 10 Epidemiology | <input type="checkbox"/> 20 Parasitology | <input type="checkbox"/> 30 Not Listed |
-

Employer Type Codes

- | | | |
|--|--|---|
| <input type="checkbox"/> 10 College/University | <input type="checkbox"/> 32 Humane Organization | <input type="checkbox"/> 70 Industry |
| <input type="checkbox"/> 11 Veterinary Medical College | <input type="checkbox"/> 33 Multinational/Int'l Organization | <input type="checkbox"/> 71 Pharmaceutical/Biological |
| <input type="checkbox"/> 12 Veterinary/Animal Science Dept | <input type="checkbox"/> 34 Missionary/Volunteer/Dev. Org. | <input type="checkbox"/> 72 Chemical |
| <input type="checkbox"/> 13 Veterinary Technician School | <input type="checkbox"/> 40 Uniformed Service | <input type="checkbox"/> 73 Feeds/Nutrition |
| <input type="checkbox"/> 14 Other College/University | <input type="checkbox"/> 41 Army | <input type="checkbox"/> 74 Equipment |
| <input type="checkbox"/> 20 Government | <input type="checkbox"/> 42 Air Force | <input type="checkbox"/> 75 Publishing |
| <input type="checkbox"/> 21 U.S. Federal Government | <input type="checkbox"/> 43 Commission Corps | <input type="checkbox"/> 93 Part-time |
| <input type="checkbox"/> 22 State Government | <input type="checkbox"/> 50 Self Employed | <input type="checkbox"/> 94 Semi-Retired |
| <input type="checkbox"/> 23 Local Government | <input type="checkbox"/> 51 Self Employed Relief | <input type="checkbox"/> 95 Retired |
| <input type="checkbox"/> 24 Foreign Government | <input type="checkbox"/> 52 Self Employed Practice Owner | <input type="checkbox"/> 96 Non-Veterinary Employment |
| <input type="checkbox"/> 30 Non-Governmental Organization | <input type="checkbox"/> 53 Self Employed Consultant | <input type="checkbox"/> 97 Not Employed |
| <input type="checkbox"/> 31 Association | <input type="checkbox"/> 61 Private Practice Employee | <input type="checkbox"/> 98 Not Listed Above |
-

Employment Function Codes

- | | |
|--|--|
| <input type="checkbox"/> 01 Clinical Practice | <input type="checkbox"/> 08 Postgraduate Education-Student |
| <input type="checkbox"/> 02 Diagnostics | <input type="checkbox"/> 09 Public/Media Relations |
| <input type="checkbox"/> 03 Inspection | <input type="checkbox"/> 10 Research and/or Development |
| <input type="checkbox"/> 04 Legislative/Policy Development | <input type="checkbox"/> 11 Teaching/Education |
| <input type="checkbox"/> 05 Management/Administration | <input type="checkbox"/> 12 Tech Writing/Publications/CS Developer |
| <input type="checkbox"/> 06 Other Non-Veterinary Medicine | <input type="checkbox"/> 13 Technical Sales/Service |
| <input type="checkbox"/> 07 Other Veterinary Medicine | <input type="checkbox"/> 15 Not Listed |
-

SCHEDULE OF MEMBERSHIP DUES

January..... \$225.00	May..... \$150.00	September..... \$ 75.00
February..... \$206.00	June..... \$131.00	October..... \$ 56.00
March..... \$187.00	July..... \$113.00	November..... \$ 37.00
April..... \$169.00	August..... \$ 94.00	December..... \$ 19.00