



Application for Reduced Dues Status
 (You must be an Active or Associate AVMA member)

AVMA Office Use Only

App Recd Date: _____

Start Date: _____ End Date: _____

Please Print or Type:

Name: _____

AVMA Member #: _____

Address: _____

Phone: _____

City, State, Zip: _____

I am requesting Reduced Dues Status because I am pursuing a full-time program in one of the following:

(Please check one)

Graduate study, post-graduate study, internship, or residency at an accredited college or university.

College _____ Department _____

Field of Study _____

An internship listed by an allied organization in the AVMA House of Delegates.

Organization _____ Internship _____

A residency program approved by an AVMA-recognized veterinary specialty board or college.

Specialty Board/College _____ Residency _____

I begin the program on _____ and will complete the program on _____
 (Date) (Date)

I request a reduction in AVMA dues to \$110 per annum for the year(s) _____

Member Signature _____ Date _____

CERTIFICATION

I hereby certify that the applicant is involved in the full-time program of study indicated above.

Signature _____ Date _____
 (chief advisor of the program)

Title _____

Please print or type name _____

AMERICAN VETERINARY MEDICAL ASSOCIATION Policy

An active or associate member who is pursuing a full-time program of graduate study, postgraduate study, internship, or residency at an accredited college or university; or is pursuing an internship listed by an allied organization in the House of Delegates; or a residency approved by an AVMA-recognized veterinary specialty board or college will, following application and approval, and for current and future dues years, be granted reduced dues at \$110.00 per annum. For programs that begin on or before March 31, the reduction in dues will be effective in the year of admission into the program. For programs that begin on or after April 1, the reduction of dues will be effective on January 1 of the year following admission into the program. The chief advisor of the individual requesting reduced dues shall certify to the AVMA that the individual is enrolled in the full-time program. Reduction of dues under the provisions of the paragraph shall be limited to a total of not more than seven years for any individual.

PAYMENT MUST ACCOMPANY COMPLETED APPLICATION.

Reduced Dues Amount **\$ 110.00** (+Extra Journal \$60, *optional*) = \$ **TOTAL**

Payment Type:

Check Visa MasterCard American Express

Card #:

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Exp Date:

m	m	/	y	y
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Name on Card: _____

PLEASE SEND COMPLETED FORM TO:

American Veterinary Medical Association, Attn: Membership Division, 1931 N Meacham Rd, Schaumburg, IL 60173
 or Fax #: 1-847-303-5669