



**2012 Application for Reduced Dues Status**  
 (You **must** be an Active or Associate AVMA member  
 at the time you apply)

AVMA Office Use Only	
App Rec'd Date:	
Start Date: 1/1/2012	End Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewed By:	Date:

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 \$150.00 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.

**Please Print or Type**

Name (Last, First Name)	Member ID#
Street Address	Phone
City, State, Zip	Email

**I am requesting Reduced Dues Status because I am**

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 \_\_\_\_\_.**

**CERTIFICATION required.**

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

Print name of Chief Advisor of the program \_\_\_\_\_

Title \_\_\_\_\_

Signature of Chief Advisor of the program \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

I request a reduction in AVMA dues to \$150 per annum for the year(s) \_\_\_\_\_

**PAYMENT MUST ACCOMPANY COMPLETED APPLICATION.**

Journal Selection:  JAVMA  AJVR  Both (add \$60, optional)

Payment Type:  Check  Visa  MasterCard  American Express

Reduced Dues Amount **\$ 150.00** (+Both Journals \$60. *optional*) = **\$ TOTAL**

Card #: \_\_\_\_\_

Exp Date: 

m	m	/	y	y
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 Name on Card: \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND COMPLETED FORM WITH PAYMENT TO:**

American Veterinary Medical Association  
 Attn: Membership Division  
 1931 N Meacham Rd, Schaumburg, IL 60173

If you have any questions, please contact the AVMA Membership Division at 1-800-248-2862, ext. 6631.  
 Fax #: 1-847-303-5669