



# 2018 membership APPLICATION

AVMA Member ID# \_\_\_\_\_

I am  a veterinarian  not a veterinarian however I teach veterinary medicine or the sciences allied to veterinary medicine; or engaged in veterinary research  
*(complete sections 1,3,5. See pg 2, under Affiliate Member for additional required documents)*

**section 1 name/details** Please submit completed application

last \_\_\_\_\_

first \_\_\_\_\_ middle \_\_\_\_\_

date of birth (mm/dd/yyyy) \_\_\_\_\_ gender  male  female

former last name \_\_\_\_\_

Mail:  
 American Veterinary Medical Association  
 Attn: Membership Division  
 1931 N Meacham Rd, Ste 100  
 Schaumburg, IL 60173  
 Fax: 1-847-303-5669

**section 2 educational info**

veterinary medical college \_\_\_\_\_  
*(if foreign school, include city/country)*

veterinary degree \_\_\_\_\_ other degree(s) \_\_\_\_\_

veterinary graduation date (mm/yyyy) \_\_\_\_\_

Any questions?  
 Please contact the AVMA Membership  
 Division at 1-800-248-2862, ext. 6631  
 email: memberrecords@avma.org

**section 3 address/contact info**

<input type="checkbox"/> home address <i>(check if preferred mailing address)</i> address _____ city _____ state/ZIP code _____ country _____ home phone _____ cell _____ email _____	<input type="checkbox"/> business address <i>(check if preferred mailing address)</i> company name _____ address _____ city _____ state/ZIP code _____ country _____ phone _____ fax _____
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online member directory listing  home  business  none  include corresponding phone #  Y  N email  Y  N

exclude mail from AVMA partners  Y  N *On occasion, the AVMA shares its mailing list with partners. The AVMA reviews each request and only approves mailings that provide information that is relevant to the practice of veterinary medicine*

**section 4 reduced dues for educational status**

I am pursuing a full-time program in one of the following:

start date \_\_\_\_\_ completion date \_\_\_\_\_

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

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

Residency program approved by an AVMA-recognized veterinary specialty board or college

**Certification Required.** The Chief Advisor must certify that the applicant is involved in the full-time program of study indicated.

\_\_\_\_\_

*Print name of Chief Advisor of the program*

\_\_\_\_\_

*title*

\_\_\_\_\_

*email or phone # of Chief Advisor*

**section 5 Please submit payment with your application materials. Payment schedule listed on back of application.**

Journal subscription *(select one)*

Journal of the AVMA (JAVMA)

American Journal of Veterinary Research (AJVR)

both *(add \$60 to dues)*

I certify that all information on this application form is accurate.

X \_\_\_\_\_

*member signature* *date*

dues amount \$ \_\_\_\_\_

both Journals *optional* \$60 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

payment type  check  visa  mastercard  american express  discover

name on card \_\_\_\_\_

card # \_\_\_\_\_

exp date (mm/dd/yyyy) \_\_\_\_\_

AVMA Office Use Only

Rec'd Date: \_\_\_\_\_

\*NEW RECORD  
School ID #: \_\_\_\_\_

Sent Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

## 2018 Schedule of Membership Dues

Please remit payment based on month of application and status

January	\$330	July	\$180
February	\$305	August	\$155
March	\$280	September	\$130
April	\$255	October	\$105
May	\$230	November	\$80
June	\$205	December	\$55

Reduced dues for educational status

January	\$165	July	\$90
February	\$152	August	\$77
March	\$140	September	\$65
April	\$127	October	\$52
May	\$115	November	\$40
June	\$102	December	\$27

### Voting Member

Voting membership may be granted to any individual who has earned a professional degree in veterinary medicine from a school or college of veterinary medicine and shares interest in and supports the purposes of the Association; abides by these Bylaws, the Association's Principles of Veterinary Medical Ethics, and such other policies, rules, and regulations as the Association may adopt.

### Affiliate Member

Affiliate membership may be granted to any individual who (i) does not otherwise qualify for membership as a voting member; (ii) has met membership qualifications and application requirements as specified in Article II, Sections 1 and 2; and (iii) does one of the following:

1. Teaches veterinary medicine or the sciences allied to veterinary medicine; or
2. Engages in veterinary research.

Additional Requirements: *(Must be submitted with application)*

- Cover letter indicating the reason for interest in AVMA affiliate membership
- Complete curriculum vitae of the applicant
- 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, AAFSV, AAFF, AAHA, AAIV, AASRP, AASV, AAV, AAVC, ASLAP, NAFV, AAVA, AHVMA, Society for Theriogenology, and Uniformed Services.

### Reduced dues for educational status

An active 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 of 50% of the regular member dues amount. 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.

### Additional information:

Membership in the AVMA is nontransferable and dues are nonrefundable.

AVMA dues are not tax deductible as charitable contributions. They may be deductible as ordinary and necessary business expenses. However, the estimated 4% that is attributable to AVMA lobbying expenses is not deductible.

Paying by check authorizes the American Veterinary Medical Association to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Any questions? Please contact the AVMA Membership Division at 1-800-248-2862, ext. 6631, or email us at [memberrecords@avma.org](mailto:memberrecords@avma.org).