



2020 reduced dues APPLICATION

AVMA Member ID# _____

Active AVMA membership required at the time you apply. Your completed form MUST be submitted no later than MARCH 31, 2020 to be considered for Reduced Dues Status for 2020, and to avoid any interruption of your AVMA membership benefits and services.

name/details	
last	
first	middle
address	
city	state/ZIP code
email	
home phone	cell

Please submit completed application

Mail:
American Veterinary Medical Association
Attn: Membership Division
1931 N Meacham Rd, Ste 100
Schaumburg, IL 60173

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

I am requesting reduced dues for the following reason:

- I am in an educational program - Complete **Section A** and **Payment Information** below
- I am leaving the profession of veterinary medicine due to family obligations - Complete **Section B** and **Payment Information** below
- I am retired - Complete **Section C** and **Payment Information** below

A. Educational program information

start date _____ completion date _____

select type of program:

- 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
- A 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

B. Family obligations

All three (3) criteria below must be met to qualify for this reduced dues option. Please verify that you meet the criteria below.

- I am unable to work full time because I am the primary care taker of either young children or for members of my immediate family, *and*
- I do not qualify for any other AVMA dues waiver or reduced dues option, *and*
- I am not engaged in regular employment (*regular employment is defined as working more than 20 hours each month*)
Please provide an explanation for your temporary leave from the profession on the back side of this form or on a separate sheet.

C. Retired status. One of the requirements below must be met to qualify for this reduced dues option. Please indicate which applies to you.

- A voting member who has completed 35 years as a member of the Association, and has retired; or
- A voting member who has reached 65 years of age, has retired and has been a member of the Association continuously since graduation from veterinary college

date of retirement _____

Payment Must accompany completed application

Journal subscription (*select one*)

- Journal of the AVMA (JAVMA)
- American Journal of Veterinary Research (AJVR)
- Both (*add \$72.00 to dues*)

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

X _____
member signature date

2020 dues amount \$ 180.00

both Journals optional \$72.00 \$ _____

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:

Start/End: 1/1/2020 -

Approved Denied

Completion Date:

