

2016 Membership Application

AMERICAN ACADEMY OF VETERINARY DERMATOLOGY

Name _____ Title (DVM, etc.) _____

Name of Practice or Institution _____

Business Address: _____ Home Address: _____

Street _____ Street _____

City/State/Postal Code/Country _____ City/State/Postal Code/Country _____

Business Phone _____ Home Phone _____
 (International #'s - please include country code)

Preferred address: (check one) Work Home Birthdate: (MM/DD/YYYY) _____

Fax _____ Email _____

Veterinary School _____ Year _____

A. REQUIRED: MEMBERSHIP CATEGORY and DUES AMOUNTS:

- | | |
|--|--|
| <input type="checkbox"/> Active Veterinarian* \$100.00
<input type="checkbox"/> ACVD Member* \$100.00
<input type="checkbox"/> ECVD Member* \$100.00
<input type="checkbox"/> ISVD Member* \$100.00
<input type="checkbox"/> ESVD Member* \$100.00 | <input type="checkbox"/> Affiliate (non-Veterinarian)** \$100.00
<input type="checkbox"/> Veterinary Technician** \$ 50.00
Technician/Nurse/Assistant must provide a letter on company letterhead from your employer with confirmation of your position.
<input type="checkbox"/> Veterinary Student** 50.00 Graduation Date _____
Available to students in matriculated degree programs only. Students must provide a letter on institution letterhead confirming student status and graduation date. |
|--|--|

*Eligible to vote and hold office.

** Not eligible to vote or hold office.

B. VOLUNTARY (additional):

- | | |
|--|----------|
| <input type="checkbox"/> Print subscription to Veterinary Dermatology Journal (price also includes web-access) | \$179.00 |
| <input type="checkbox"/> Web-access subscription to Veterinary Dermatology Journal only (price does NOT include print version) | \$152.00 |

TOTAL AMOUNT DUE : A + B = \$ _____

NOTE: IF YOU ARE SUBMITTING AN APPLICATION AS A NEW MEMBER, please send this completed application along with the application fee of \$25.00 and supporting documentation if outlined above*. Once your membership is approved, we will invoice you for your membership dues and voluntary journal subscriptions, if applicable.**

Please see dues amounts listed above.

- My check/money order is enclosed (Payable to AAVD in US Dollars, drawn on a US bank/institution)

OR

- I would like to pay my application fee of \$25.00 by Visa or MasterCard as follows (complete all information):

Visa/MasterCard # _____ - _____ - _____ - _____ - _____ Exp. Date _____ / _____ 3 Digit Security Code _____

Name printed on Card _____

Total amount to be charged _____

Signature _____

Please mail your payment and completed form to:

Administrative Secretary
 AAVD Membership
 777 E Park Drive
 PO Box 8820
 Harrisburg, PA 17105-8820

Phone: 1-877-SKINVET (754-6838)
 Fax: 717-558-7841
 Email: aavd@pamedsociety.org