

**2012 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 \_\_\_\_\_

Professional Activity:

- Private Practice       Specialty Dermatology Practice       Academia  
 Industry       Research       Other \_\_\_\_\_

Memberships:

- ACVD Diplomate       ACVD Resident       ECVD Diplomate  
 ESVD Member       Other \_\_\_\_\_

If you are submitting an application as a new member, please send this completed application along with the application fee of \$25.00. Once your membership is approved, we will invoice you for your membership dues.

Dues are \$240.00 for regular AAVD membership, which includes a subscription to the Veterinary Dermatology Journal; or \$75 for ACVD, ACVD Resident, ESVD, & ECVD members only, which does not include the Journal.

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 \_\_\_\_\_ - \_\_\_\_\_

Name printed on Card \_\_\_\_\_

Total amount to be charged \_\_\_\_\_

Signature \_\_\_\_\_

Please mail your payment and completed form to:      Administrative Secretary      Phone: 1-877-SKINVET (754-6838)  
AAVD Membership      Fax: 717-558-7841  
777 E Park Drive      Email: aavd@pamedsoc.org  
PO Box 8820  
Harrisburg, PA 17105-8820