

Application for Membership
(Please print or type)

Application for: Member _____ Associate Member _____ Life Member _____

NAME: _____

MAILING ADDRESS: _____

BIRTHPLACE AND DATE: _____

CITIZENSHIP AND PERMANENT RESIDENCY: Canada _____ Mexico _____ USA _____ Other _____
(If "Other," detail current status on separate sheet)

EDUCATION: University attended _____ date _____ degree _____

EXPERIENCE (Recent positions, giving name of employer, titles, type of work,
and years spent): _____

PRESENT POSITION (Title, name of organization, date employed, duties): _____

BUSINESS ADDRESS: _____

PROFESSIONAL SOCIETIES OF WHICH A MEMBER: A.V.M.A. Yes No