

World Aquatic Veterinary Medical Association

One Profession; One Discipline; One Voice – Cohesive & Inclusive!

2010 MEMBERSHIP FORM

New Application or Renewal (check one)

ALL New Members or Current Member changing contact information must complete and submit this form.
(Current members, with no change of address, can renew membership and pay annual dues on-line at www.WAVMA.org)

Please complete all mandatory fields marked with*, as accurately as possible.

Contact Information

*Name (First, Middle, Last) _____ Date _____
Business/Organization Name (if applicable) _____ Position/Title _____
*Mailing Address _____
*City _____, *State/ Province/ Canton/ County (UK) _____
*Zip/Postal Code _____, *Country _____
*Primary Phone _____ is this business ; home ; cell/mobile
Secondary Phone _____ is this business ; home ; cell/mobile
*Primary e-Mail _____; Secondary e-Mail _____
(Secondary e-Mail addresses will be used if the primary address becomes non-functional)

Check One Membership Category

- Full Member** (must have graduated from a recognized veterinary school) – US\$100
- Student Member** (must be currently enrolled in a recognized veterinary school or be a graduate veterinarian enrolled in a post-graduate educational program, internship or residency; Student Members receive complimentary (free) Full Membership for the year following graduation from veterinary school) – US\$50
*Primary Veterinary Degree (as awarded e.g. DVM; VMD; BVMS; DEDV; Dr. vet. med.; MVZ, etc) _____
*Year _____; University _____; City _____; Country _____
- Veterinary Technician/Nurse Member** (must be working under the supervision of a veterinarian) – US\$50
*Name of supervising veterinarian _____; Phone _____; e-mail _____
- Affiliate Member** (non-veterinarian graduate of a nationally recognised university or institution of higher education who supports the Mission and Objectives of the Association) – US\$100
*Degree _____; *Year _____; *University _____; *City _____, *Country _____
- Allied Veterinary Organization Member** (legally formed organization or society whose members are predominantly veterinarians) – US\$500
*Total number of current members _____; *Number (or %) of members that are veterinarians _____;
*Estimated number (or %) of members involved with aquatic veterinary medicine (any species or disciplines) _____

Would you like any information to be excluded from your membership listing in an Annual Membership Directory? If so, please specify what information you want excluded _____

Membership Annual Dues Payment Options

(New members joining in November/December will be considered paid through December 31 of the following year)

Check One Payment Option: Cheque enclosed; Please charge the credit card below; I will use the secure credit card system on the WAVMA Membership webpage.

Please Mail or Fax this form to:

Dr. Dušan Palić
4211 Welbeck Dr.
Ames, IA 50010-4018 USA
Phone/Fax: (515) 294-2571
e-Mail: dulep@iastate.edu

Cheque # _____ attached

Please charge my: Visa; **or** Master Card

Name on Card _____
Card Number _____ Expiry Date: _____(Mo); _____(Yr)
Card Security Code _____ Signature _____

All membership applications or renewals will receive an e-mail confirmation once processed.