

# VETERINARIAN MEMBERSHIP APPLICATION

## AMERICAN ASSOCIATION OF FELINE PRACTITIONERS (AAFP)

390 Amwell Road, Suite 402, Hillsborough, NJ 08844 • Phone (800) 874-0498 • Fax (908) 292-1188



### CONTACT INFORMATION

Name \_\_\_\_\_  
FIRST M.I. LAST

Clinic/Practice/Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

I would like my JFMS & Membership mail to be sent to another address:

Address \_\_\_\_\_

CITY STATE ZIP CODE COUNTRY

**Position in Practice:**  Owner  Associate Veterinarian  Other

**Practice Type:**  Feline Only  Small Animal  Mixed  Large Animal  
 Academia  Industry  Government  Other \_\_\_\_\_

**Would you like to be included in the Printed Directory and the "Find a Feline Practitioner" database that is posted on the AAFP website for public referrals?** (Please note we only list practice name, address, phone, and website. We do not list personal information.)

- Please DO NOT include me in the "Find a Feline Practitioner" database  
 Please DO NOT include me in the AAFP Printed Directory

### EDUCATION INFORMATION

Veterinary School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Diplomate of \_\_\_\_\_

\* Membership is based on a calendar year January – December. AAFP does not prorate membership. If you join the association after October 1 of the current year, you will be paid through the following year. If you join in the middle of the year, the back issues of the Journal will be mailed to you. Membership is not refundable.

#### NOTICE OF CONSENT

I agree that an application to the AAFP constitutes consent to receive email, mail or fax from the association, and to make you aware of select products and services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

AAFP Federal Tax ID # 43-1397996

### PAYMENT INFORMATION

- Individual Veterinarian Membership: **\$205.00**  
 Two Members in Practice Reduced Rate (Per person): **\$190.00**  
 Three or More Members in Practice Reduced Rate (Per person): **\$180.00**  
Each member must submit an application.  
 Recent Graduate Membership (Graduated within the last year): **\$125.00**  
 ISFM Veterinarian Membership (No JFMS subscription): **\$115.00**

#### How did you hear about us?

Conference: \_\_\_\_\_  
 Referral: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Other: \_\_\_\_\_

Check (payable to AAFP and drawn in US funds)  Charge to:  Visa  MasterCard  American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Signature \_\_\_\_\_

**Note:** Contributions or gifts to associations which are exempt under IRS 501(c)6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses.