

American Association of Feline Practitioners (AAFP)
Veterinary Technician/Nurse Practice Manager Subscriber Application
Membership Effective January - December

750 US Highway 202, Suite 200, Bridgewater, NJ 08807 | Phone (800) 874-0498 | Fax (908) 292-1188



Name: _____
First Middle Last

Clinic/Practice/Company: _____

Work Address: _____
Suite/Unit #

City State Zip Code Country

Work Phone: (____) _____ **Website Address:** _____

Email Address (Your email address will be your username.): _____

Practice Position: _____ **Practice Type:** _____

Home Address: _____

*If provided, AAFP membership mailings will go to your home address.

City State Zip Code Country

Membership Options:

- Annual Veterinary Technician/Nurse Practice Manager Membership: \$114
- Recent Graduate Member (Graduated in the last year): \$57

Notice of Consent:

I agree that an application to the AAFP constitutes consent to receive email, and mail from the association, and to make you aware of select products and services including consent to the AAFP Privacy Policy (www.catvets.com/privacy).

Signature: _____

Date: _____

Payment Information:

Check ___ (payable to AAFP and drawn in US funds) or Charge to: VISA ___ MasterCard ___ American Express ___ DISCOVER ___

- Make my membership Auto-Renewed- By selecting this box, you agree to be charged your membership fee in future years on December 31 with the credit card information below.**

Card No.: _____ Exp. Date: _____

Name on Card: _____

Signature: _____