SIX-MONTH VETERINARIAN MEMBERSHIP APPLICATION

Membership Effective July - December

## 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	
Work Address _					
				ZIP CODE	
Work Phone (	CITY )			ZIP CODE	COUNTRY
_		ership mail to be sent			
	•	•	to dilottici addiess.		
Address					
	CITY		STATE	ZIP CODE	COUNTRY
	INFORMATION		D: 1		
			•		
Practice Type	☐ Feline Only		☐ Mixed ☐ Covernment		
v		•			
,				Year of Graduation	the AAFP Cat Caregiver
To engage the e	EAM MEMBERS entire veterinary tea nembers to receive	m and provide them communication fron	with feline resources, the AAFP.	each veterinarian men	nber can submit up
Name		E-mail			
Name		E-mail			
	olication to the AAFP		receive email, mail or fax acy Policy (www.catvets.co	from the association, and m/privacy).	I to make you aware of
SIGNATURE		DATE			
☐ Three or Mo		· · ·	<b>\$145.00</b> (Regu <b>\$130.00</b> (Regu <b>\$120.00</b> (Regu	lar Rate \$205)	
☐ Check (payabl	e to AAFP and drawn in U	JS funds)   Charge to	: □ Visa □ Master	Card □ American Ex	press   Discover
* This membership is who wish to join betwood refundable.	a six month prorated m ween June - September.	embership that includes the All members who join after	e July - December issues of th October 1st will pay regular r	ne JFMS only. The membership rates and be paid through the	o type will be available to those following year. Membership is
Card No				Exp. Date	e
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.

American FELINE
PRACTITIONERS®