

# VETERINARIAN MEMBERSHIP APPLICATION

## AMERICAN ASSOCIATION OF FELINE PRACTITIONERS (AAFP)

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



### CONTACT INFORMATION

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

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

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

CITY STATE ZIP CODE COUNTRY

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

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

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

Address \_\_\_\_\_

CITY STATE ZIP CODE COUNTRY

### DEMOGRAPHIC INFORMATION

Practice Position \_\_\_\_\_ Diplomat of \_\_\_\_\_

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

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

**Would you like to be included in the "Find Veterinarians and Practices" 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 Veterinarians and Practices" search

### VETERINARY TEAM MEMBERS

In an effort to engage the entire veterinary team and provide them with feline resources, each veterinarian member has the opportunity to submit up to three team members to receive communication from the AAFP.

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Practice Position \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Practice Position \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Practice Position \_\_\_\_\_

### PAYMENT INFORMATION

Individual Veterinarian Membership: **\$220.00**

Two Members in Practice Reduced Rate (Per person): **\$205.00**

Three or More Members in Practice Reduced Rate (Per person): **\$195.00**

Each member must submit an application.

Recent Graduate Membership (Graduated within the last year): **\$140.00**

ISFM Veterinarian Membership (No JFMS subscription): **\$135.00**

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

\* 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.

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.

<b>NOTICE OF CONSENT</b> 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 _____
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