



SENIOR/RETIRED MEMBERSHIP

Membership Period is calendar year (January - December)
Please return this form with your payment.

Contact Information

Name: _____

Address: _____

City, State, Zip, Country: _____

Phone: _____ Diplomate: _____

Email: _____ Vet School: _____

Former Practice Type: _____ Year of Graduation: _____

Membership Listings

All members will be included in the "Find a Feline Practitioner" database that is posted on the AAFP Website for public referrals. (Please note the AAFP will NOT list home information on the website.) **If you DO NOT want to be listed, please check below:**

Do not include me in the "Find a Feline Practitioner" online database.

Verification for Discount

By signing below, I attest that I have met the requirements necessary to receive the Senior/Retired membership discount. Note that retired is defined as having ceased all regular employment. Please check one:

I have retired and have completed a total of 25 years as a member.

I have retired, reached 70 years of age and have been continuous member for the last 10 years.

Signature: _____

Membership Payment Information

Membership Fee

\$135 - I want to receive the Journal of Feline Medicine & Surgery

\$90 - I do not want to receive the Journal of Feline Medicine & Surgery

Senior/Retired Members will continue to receive all additional membership benefits.

Please send this renewal together with your method of payment to the address below or fax to (908) 292-1188.

AAFP Federal Tax ID: 43-1397996

** Note: Membership is based on the calendar year January 1st - December 31st.

American Express MasterCard Visa **OR** Check - Check must be mailed with copy of this renewal form, and drawn on U.S. Bank.

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____