



## 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 - Annual Senior/Retired Membership

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 1<sup>st</sup> - December 31<sup>st</sup>.

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: \_\_\_\_\_