

SUPPORT STAFF SUBSCRIBER APPLICATION



CONTACT INFORMATION

Name _____
FIRST M.I. LAST

Clinic/Practice/Company _____

Mailing Address _____

City _____ State/Province _____

Zip/PC _____ Country _____

Work Phone (_____) _____ Fax (_____) _____

E-mail Address _____

Website Address _____

Is the above address: Home or Office

Practice Type:	Feline Only	Small Animal	Mixed	Large Animal
	Academia	Industry	Government	Other _____

NOTICE OF CONSENT

Application to the AAFP constitutes consent for the association to make you aware of products and services via fax, e-mail or mail.

Signature _____ Date _____

PAYMENT INFORMATION

Support Staff Subscriber - New Introductory Rate: \$59. Subscription will expire 12/31/2022.

Regular term is calendar year January 1 - December 31 for \$49.

Check or money order enclosed (payable to AAFP) in U.S. funds

Charge to: Visa MasterCard American Express

Card No. _____ Expiration Date _____

Name on Card _____

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.

If you are paying by credit card please fax to: (908) 292-1188

If you are paying by Check please mail your check to: American Association of Feline Practitioners
750 Route 202, Suite 200
Bridgewater, NJ 08807

If you have any questions, email us at: info@catvets.com or call us at: (800) 874-0498