

American Association of Feline Practitioners (AAFP) – Veterinarian Membership Application
Membership Effective January - December

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



Name: _____
First Middle Last

Clinic/Practice/Company: _____

Work Address: _____
Street Suite/Unit

City State Zip Code Country

Work Phone: (_____) _____ **Website Address:** _____

Email Address (Your email address will be your username.): _____

Home Address*: _____
Street Suite/Unit/Apt.

City State Zip Code Country

*If provided, AAFP membership mailings will go to your home address including the Journal of Feline Medicine & Surgery (JFMS)

Practice Position: _____ **Diplomate of:** _____

Practice Type: _____

Veterinary School: _____ **Graduation Year:** _____

Would you like to be included in the “Find a Veterinarian and Practices” database that is posted on the website (www.catfriendly.com) 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 public “Find a Veterinarian and Practices” search
- Please DO NOT include me in the online member-to-member search

Veterinary Team Members: Each Veterinarian member can invite up to 3 team members to receive feline resources via communication from the AAFP and access to exclusive AAFP webinars and other discounts.

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Memberships:

- Individual Veterinarian Membership: \$229
- Two Members in Practice Reduced Rate (per person): \$214
- Three or more Members in Practice Reduced Rate (per person): \$204
- Recent Graduate Member (Graduated in the last year and a half): \$149
- ISFM Member: \$135 (This membership is designed for those who are already ISFM members. JFMS is not included.)

Notice of Consent:

I agree that an application to the AAFP constitutes consent to receive email, and mail from the association, and to make you aware of select products and services including consent to the AAFP Privacy Policy (www.catvets.com/privacy).

Signature: _____ Date: _____

Check ___ (payable to AAFP and drawn in US funds) or Charge to: VISA ___ MasterCard ___ American Express ___ DISCOVER ___

- Make my membership Auto-Renewed - By selecting this box, you agree to have your membership fee automatically charged in future years on December 31 with the credit card information below.**

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.