

**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: \_\_\_\_\_

City State Zip Code Country

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Website Address: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

\*If provided, AAFP membership mailings will go to your home address.

City State Zip Code Country

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 ([www.catfriendly.com](http://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

**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](http://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: \_\_\_\_\_