

SIX-MONTH VETERINARIAN MEMBERSHIP APPLICATION

Membership Effective July - December

AMERICAN ASSOCIATION OF FELINE PRACTITIONERS (AAFP)

390 Amwell Road, Suite 402, Hillsborough, NJ 08844 • Phone (800) 874-0498 • Fax (908) 292-1188



CONTACT INFORMATION

Name _____
FIRST M.I. LAST

Clinic/Practice/Company _____

Work Address _____

CITY STATE ZIP CODE COUNTRY

Work Phone (_____) _____ Fax (_____) _____

E-mail Address _____ Website Address _____

☐ I would like my JFMS & Membership mail to be sent to another address:

Address _____

CITY STATE ZIP CODE COUNTRY

DEMOGRAPHIC INFORMATION

Practice Position _____ Diplomate of _____

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

Veterinary School _____ Year of Graduation _____

Would you like to be included in the "Find Veterinarians and Practices" database that is posted on the AAFP Cat Caregiver 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 "Find Veterinarians and Practices" search

VETERINARY TEAM MEMBERS

In an effort to engage the entire veterinary team and provide them with feline resources, each veterinarian member has the opportunity to submit up to three team members to receive communication from the AAFP.

Name _____ E-mail _____ Practice Position _____

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NOTICE OF CONSENT

I agree that an application to the AAFP constitutes consent to receive email, mail or fax from the association, and to make you aware of select products and services. SIGNATURE _____ DATE _____

PAYMENT INFORMATION

☐ Individual Veterinarian Prorated Membership: **\$145.00** (Regular Rate \$220)

☐ Two Members in Practice Prorated Rate (Per person): **\$130.00** (Regular Rate \$205)

Three or More Members in Practice Prorated Rate (Per person): **\$120.00** (Regular Rate \$195)

Each member must submit an application.

☐ Check (payable to AAFP and drawn in US funds) ☐ Charge to: ☐ Visa ☐ MasterCard ☐ American Express

* This membership is a six month prorated membership that includes the July - December issues of the JFMS only. The membership type will be available to those who wish to join between June - September. All members who join after October 1st will pay regular rates and be paid through the following year. Membership is not refundable.

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.