



# A.A.V.A. MEMBERSHIP APPLICATION FORM

American Academy of Veterinary Acupuncture

P.O. Box 1058, Glastonbury, CT 06033

Phone: (860) 632-9911 Fax: (860) 659-8772 E-mail: aava@cvtel.net Website: www.aava.org

Please Print Legibly

## PRIVATE DIRECTORY INFORMATION

US Citizen?  Yes  No

NAME (as written on veterinary license, include degree[s]): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: Home: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## PUBLIC DIRECTORY INFORMATION (WEBSITE and REFERRAL DIRECTORY)

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: Business: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

## ACUPUNCTURE TRAINING:

Name of Course: \_\_\_\_\_ Month/Year course completed: \_\_\_\_\_

Did you pass all sections of an exam at the completion of the course?  Yes  No

Are you certified by IVAS?  Yes Certificate No.: \_\_\_\_\_  No  Pending \_\_\_\_\_

Chi Institute: Large animal course  Yes  No Small animal course  Yes  No

Name of veterinary college and year of graduation (do not abbreviate): \_\_\_\_\_

Are you a member of the AVMA?  No  Yes Member Number \_\_\_\_\_

State of primary veterinary licensure: \_\_\_\_\_ License number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**\*\*Please send a copy of your veterinary license with this application.\*\***

I regularly attend these veterinary meetings: AAVA  IVAS  AHVMA  AVMA   
AAHA  AAEP  OTHER  (specify) \_\_\_\_\_

**TYPE OF PRACTICE:**  Small  Equine  Mixed  Other \_\_\_\_\_

Number and frequency of acupuncture cases you see: \_\_\_\_\_ cases per week or month: \_\_\_\_\_

I would be interested in joining an AAVA committee to help with:

Advanced Certification  Audit  Bylaws  Continuing Education  Curriculum  Membership/Mentoring  
 Newsletter  Nominations  Public Relations  Research Review  Website  Other \_\_\_\_\_

## PAYMENT INFORMATION

Annual dues are \$210.00 and cover A.A.V.A. from July 1 this year through June 30 next year.

Dues also include I.V.A.S. membership from July 1 this year through June 30 next year.

Cash  Check # \_\_\_\_\_  Credit Card # \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Exp (mo/yr): \_\_\_\_\_ Cardholder Name (Please Print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_