



A.A.V.A.

American Academy of Veterinary Acupuncture
 100 Roscommon Drive, Suite 320
 Middletown, CT 06457
 Tel. 860-632-9911/Fax 860-635-6400
 E-mail: office@aava.org

MEMBERSHIP APPLICATION FORM

Please Print Clearly

PRIVATE DIRECTORY LISTING	
NAME (Include degree[s]): _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
TELEPHONE (Home): _____	FAX: _____
E-MAIL: _____	
PUBLIC DIRECTORY LISTING	
BUSINESS NAME: _____	
BUSINESS ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
TELEPHONE (Work): _____	
WEBADDRESS: _____	
Acupuncture training: _____ Month/Year course completed: _____	
Are you certified by IVAS? <input type="checkbox"/> Yes Certificate No.: _____ <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Chi Institute:	
Large animal course <input type="checkbox"/> Yes <input type="checkbox"/> No Small animal course <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of veterinary college and year of graduation (no abbreviations please!) _____	
Are you a member of AVMA? <input type="checkbox"/> No <input type="checkbox"/> Yes Member Number _____	
State of primary veterinary licensure: _____ License no. _____	
Exp. Date: _____ Please include a copy of your veterinary license.	
Meetings you regularly attend: AAVA <input type="checkbox"/> , IVAS <input type="checkbox"/> , AHVMA <input type="checkbox"/> , AVMA <input type="checkbox"/> , AAHA <input type="checkbox"/> , AAEP <input type="checkbox"/> , OTHER <input type="checkbox"/> (specify) _____	
Type of Practice: <input type="checkbox"/> Small <input type="checkbox"/> Equine <input type="checkbox"/> Mixed <input type="checkbox"/> Other (describe on reverse)	
Number and frequency of acupuncture cases you see: _____ cases per week/month	
I would be interested in joining an AAVA committee to help with: <input type="checkbox"/> Nominations <input type="checkbox"/> Bylaws <input type="checkbox"/> Public Relations <input type="checkbox"/> Finance <input type="checkbox"/> Continuing Education <input type="checkbox"/> Membership/Mentoring <input type="checkbox"/> IVAS House of Delegates <input type="checkbox"/> Newsletter <input type="checkbox"/> Science and Research <input type="checkbox"/> Website	
PAYMENT INFORMATION	
<input type="checkbox"/> Cash or <input type="checkbox"/> Check No. _____	*Annual dues are \$195.00 and cover AAVA and IVAS from July 1 this year through June 30 next year.
Credit Card Type _____ No.: _____	
Card Exp. Date _____	Cardholder Name (Please Print): _____ Cardholder signature: _____

*Complimentary membership for veterinarians enrolled in approved acupuncture/TCM training program. Veterinary student dues are \$25.00.