



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@cttel.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 \$195.00 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: _____

PLACE
STAMP
HERE

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