



Membership Application

2012 Membership Dues: \$110.00

Please Print Clearly

Name (first, mi, last, designations) \_\_\_\_\_

Clinic/Company Name \_\_\_\_\_

Clinic/Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Website \_\_\_\_\_

Email address \_\_\_\_\_ Alt. Email address \_\_\_\_\_

Alternative Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred mailing address: [ ] Clinic [ ] Alternate

Education

Veterinary College Attended \_\_\_\_\_

Graduation Year \_\_\_\_\_ Degree \_\_\_\_\_

Arizona License number \_\_\_\_\_ Date licensed \_\_\_\_\_

Other states in which you are licensed \_\_\_\_\_ Date licensed \_\_\_\_\_

Have You Ever Had A License Revoked? [ ] Yes [ ] No

Are you able to board animals? [ ] Yes [ ] No

Are you seeking relief work? [ ] Yes [ ] No

Check animals you are currently accepting as patients

- [ ] Avian [ ] Bovine [ ] Canine [ ] Caprine [ ] Equine
[ ] Feline [ ] Ovine [ ] Porcine [ ] Rabbits [ ] Reptiles
[ ] Rodents [ ] Wildlife [ ] Other \_\_\_\_\_ [ ] Other \_\_\_\_\_

Please check areas of specialization

- [ ] Acupuncture [ ] Endoscopy [ ] Pathology [ ] Ultrasound
[ ] Alternative Medicine [ ] Immunology [ ] Pediatrics [ ] Urology
[ ] Cardiology [ ] Lameness [ ] Reproduction [ ] Valley Fever
[ ] Dentistry [ ] Neurology [ ] Surgery [ ] Other \_\_\_\_\_
[ ] Dermatology [ ] Oncology [ ] Toxicology [ ] Other \_\_\_\_\_
[ ] Endocrine [ ] Ophthalmology

Do you accept payments? [ ] Yes [ ] No

Do you accept credit cards? [ ] Yes [ ] No

How did you hear about SAVMA? \_\_\_\_\_

Would you be interested in presenting at a SAVMA continuing education program? [ ] Yes [ ] No

If so, what topic(s) \_\_\_\_\_

What CE program topics interest you? \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Recommending SAVMA member's signature \_\_\_\_\_