



## Membership Application

### Name/Title

Title: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Education

Veterinary Medical College: \_\_\_\_\_  
Degree(s): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Contact Information

Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Membership Options

WATCVM/AATCVM Membership: \$85.00 per year \_\_\_\_\_

Journal Only Access for Non-Veterinarians Living Within the U.S.: \$50.00 per year \_\_\_\_\_

Submit Application and Membership Fee, via **check** made out to the AATCVM, by Mail:

AATCVM  
PO Box 141324  
Gainesville, FL 32614

If you have any problems, please contact our technical support at:  
[Office@watcvm.org](mailto:Office@watcvm.org) or 1-844-422-8286.