



**HUMANE SOCIETY  
VETERINARY MEDICAL  
ASSOCIATION**

**Please type or print legibly.**

This application is for (please check one):  
**Special Rates for 2009 only**

**Professional Membership**

- Group veterinary practice of six or fewer.....\$120
- Individual veterinarian.....\$40
- Individual veterinary technician.....\$20
- Individual veterinary assistant.....\$20
- First-year veterinarian.....FREE
- First-year vet tech.....FREE

**Student Membership**

- Veterinary student.....FREE
- Veterinary technician student.....FREE

**Affiliate Membership**

- Nonveterinary supporter.....\$25

NAME \_\_\_\_\_  
(First) (Middle) (Last)

BUSINESS NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREFERRED MAILING ADDRESS  BUSINESS  HOME

E-MAIL \_\_\_\_\_

VETERINARY PROFESSIONAL SCHOOL/GRADUATION DATE \_\_\_\_\_  
\_\_\_\_\_

**AS BENEFITS OF MEMBERSHIP:**

- I would like to receive the *Animal Sheltering Magazine* for 50% off (add \$10.00 to membership dues)
- I would like to receive Humane Society Press's *Forensic Investigation of Animal Cruelty* for 30% off (add \$41.97 to membership dues)
- I would like to receive Humane Society Press's *The HSUS Euthanasia Training Manual* for 30% off (add \$13.96 to membership dues)

**PAYMENT**

- My check or money order is enclosed (made payable to the *Humane Society Veterinary Medical Association*)

Total Enclosed: \_\_\_\_\_

Please charge my:

- Visa  Master Card  American Express
- Discover

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(AS IT APPEARS ON CARD)

SIGNATURE \_\_\_\_\_

Please complete form and mail with payment to:

Humane Society Veterinary Medical Association  
2100 L Street, N.W.  
Washington, DC 20037