



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