



Membership Application

Academy of Veterinary Consultants, Inc

Fax to 913-766-0474 or Mail to P.O. Box 24305, Overland Park, KS 66283

Name: _____ Male ___ Female ___ Date: _____

Clinic/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Mobile: _____ Home: _____

E-mail Required: _____ Signature _____

University Attended or Currently Attending _____ Grad Year: _____

Subscribe to the AVC Listserv: (___ Yes ___ No)

Affiliation (please check one): Consultant / Practitioner _____ Academic / Diagnostic Lab _____

Government _____ Animal Health Industry _____ Veterinary Student _____ (Other) _____

Primary Practice: Feedlot _____ Stocker _____ Cow/Calf _____ Dairy _____ Mixed _____

Secondary Practice: Feedlot _____ Stocker _____ Cow/Calf _____ Dairy _____ Mixed _____

Are you a member of the: **AABP?** (___ Yes ___ No) **NCBA?** (___ Yes ___ No) **AVMA?** (___ Yes ___ No)
(AVMA membership is encouraged)

References from two AVC Members

Print / Type Name: _____ Signature: _____

Print / Type Name: _____ Signature: _____

Application with two AVC members' signatures and dues must be received at least 14 days prior to a given meeting for AVC Board approval.
Membership Dues: \$175, Veterinary Student Membership \$20/calendar year* If you need assistance in locating members in your area, contact the AVC office. **NOTE TO STUDENTS: Student members shall be students currently attending a college or school of veterinary medicine who have abiding interests in Beef Herd Health Consultation. Student members shall be entitled to all the rights and privileges of active membership except voting and holding office. Upon graduation, student member may be rolled over into active membership with all rights and privileges for the remainder of that calendar year.*

Please make your check or money order payable to Academy of Veterinary Consultants or fax application and remit payment by credit card. Please provide the following information:

Card Type (circle): VISA MC DISC AMEX

Card Number: _____ Expiration date: _____ Card verification code*: _____

*Visa/MC/Discover: three-digit number on far right side of signature area/ *AMEX: four-digit number on front of card above card number

Name as appears on card: _____ Signature: _____

Address if different from above: