



# Membership Application

## Academy of Veterinary Consultants, Inc

Mail to P.O. Box 239, Craigsville, VA 24430 or email to taylor.avcbeef@gmail.com

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 ) Applying as a **New Member** \_\_\_ OR **renewing** \_\_\_ a prior membership?

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 email 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: \_\_\_\_\_

Billing address if different from above: