



2017 MEMBERSHIP APPLICATION FORM

ASSOCIATION for VETERINARY EPIDEMIOLOGY and PREVENTIVE MEDICINE

Please fill out form below. Send printed form to the following address along with a check for the appropriate amount OR click the appropriate PayPal button to pay the membership dues and then save the form and attach it to an email to AVEPM@outlook.com.

Dr. Robert W. Wills Secretary-Treasurer AVEPM 336 Oakwood Drive Starkville, MS 39759 AVEPM@outlook.com	2017 Student Dues: \$20.00 2017 Non-Student Dues: \$60.00
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NEW STUDENT APPLICATION _____ STUDENT RENEWAL _____

NEW NON-STUDENT APPLICATION _____ NON-STUDENT RENEWAL _____

DATE (mm/dd/yy): ____/____/____ CHECK ENCLOSED _____ PAID by PAYPAL _____

NAME: _____

First

M.I.

Last

E-mail address: _____

Mailing address: _____

City

State/Providence

Zip Code

Country

Business Phone: (____) _____

Optional Information:

Degrees: _____

Board Certification: _____

Present Position: _____

Current Epi/PrevMed Activity: _____

When using PayPal please be sure to email a completed application form or at least send an email stating the name of the applicant to AVEPM@outlook.com

Membership dues are payable to AVEPM on January 1 of each year. The AVEPM Constitution and By-Laws require that members two years in arrears in payment of dues shall be dropped from membership (Article VI)