



## IVAS New Membership Application

**Membership Dues – US\$110.00**

**Membership year is from July 1 thru June 30**

\* Required information

### Personal Information:

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \* Degree(s): \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* Province/State: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Business Information:

\* Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* Province/State: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

\* **Please check your preference for IVAS mailings:**     Personal     Business

\*One of the benefits of IVAS membership is a listing on our website under “Search for Vets”. The IVAS office inputs your Name, City, State/Province, Postal Code and Country for your business address and your certification if applicable. We do not input any other information for public viewing as we leave this up to the member to update for privacy reasons. Please check below for your business listing on our website.

Yes – Please list my information on the IVAS website

No – I do not wish to be listed on the IVAS website

**Membership Category (Please check the category of membership):**

- CERTIFIED ACUPUNCTURIST (Please circle one): Certified by: IVAS CHI MAV CIVT
- ASSOCIATE MEMBER: (Not yet certified, have taken some Acupuncture or Herbal Training)
- ALLIED MEMBER: (Licensed Veterinarian, no Acupuncture or Herbal Training)
- RETIRED MEMBER: (No longer actively practicing veterinary medicine **US\$40.00**)

\* Veterinary College Attended: \_\_\_\_\_

\*Year Graduated \_\_\_\_\_ \*Veterinary License Number and State: \_\_\_\_\_

\*Veterinary License Expires: \_\_\_\_\_ How did you hear about IVAS?: \_\_\_\_\_

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**\*Please check the type of veterinary work you do:**

- Small Animal                       Large Animal                       Mixed                       Exotic

**\*When mailing, emailing or faxing in your application, please include a copy of your Veterinary License along with your payment. If you are applying to be a Certified Member, a copy of your Certification is also required in order to be listed as a Certified Veterinary Acupuncturist.**

**Payment Information: (credit card or check drawn on a US bank)**

- VISA                       MasterCard                       American Express

**AMOUNT: US\$** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**If paying by check: Make your check payable to IVAS. All checks must be drawn on a US bank/US Currency. If paying with a company check, please write your name on the memo line.**

**Dues payments to IVAS may be deductible on federal income tax returns as a business expense, but are not deductible as charitable donations.**

Mail, Fax or Email this form to:

International Veterinary Acupuncture Society (IVAS)  
1730 South College Avenue, Suite 301  
Fort Collins, CO 80525 USA  
Fax: +1-970-266-0777  
Email: office@ivas.org