



IVAS 2018-2019 Membership Renewal
Membership thru June 30, 2019 - US \$110.00

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* Required

Business Information:

* Name, First: _____ MI: _____ Last: _____ * Degree(s): _____
* Company: _____
* Address: _____
* City: _____ * Province/State: _____ * Postal Code: _____
* Country: _____ * Phone: _____ Website: _____

Personal Information:

* Address: _____
* Email Address: _____
* City: _____ * Province/State: _____ * Postal Code: _____
* Country: _____ * Phone: _____

*Please indicate preferred address for mailings: [] Personal [] Business

*Affiliate Membership (If you are a member of an IVAS Affiliate and have paid or are planning on paying your IVAS dues to your Affiliate, please do NOT also pay IVAS):

- [] None: I am not a member of an Affiliate
[] AAVA [] ABRAVET [] ABVA [] AVAC [] AVAG [] AVAS
[] BeVAS [] CAMVET [] GerVAS [] IESP [] NoVAS [] SNVA

*Hours, date(s) and location(s) of IVAS-Approved CE I have attained since July 1, 2015:

*Listing on the IVAS website for vet search:

- [] Please continue my listing on the IVAS website
[] Do NOT list my information on the IVAS website

I would like to donate the following amount to the Grady Young Memorial Scholarship Fund to be used as designated (Tax deductible as a charitable contribution in the United States):

- [] US\$50.00 [] US\$25.00 [] US\$15.00 [] US\$10.00 [] US\$5.00 [] US\$_____
[] US Acupuncture Courses [] International Acupuncture Courses [] Either US or International

Payment Information: [] VISA [] MASTERCARD [] AMERICAN EXPRESS

Total 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.