



**IVAS 2019-2020 Membership Renewal**  
Membership thru June 30, 2020 - 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

- |                                |                                  |                                 |                               |                                |                               |
|--------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> AAVA  | <input type="checkbox"/> ABRAVET | <input type="checkbox"/> ABVA   | <input type="checkbox"/> AVAC | <input type="checkbox"/> AVAG  | <input type="checkbox"/> AVAS |
| <input type="checkbox"/> BeVAS | <input type="checkbox"/> CAMVET  | <input type="checkbox"/> GerVAS | <input type="checkbox"/> IESP | <input type="checkbox"/> NoVAS | <input type="checkbox"/> SNVA |

\*Hours, date(s) and location(s) of IVAS-Approved CE I have attained since July 1, 2016:

**\*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.