



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. 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):

- CREDENTIALLED ACUPUNCURIST (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?: _____

***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 Credentialed 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)
PO Box 271458
Fort Collins, CO 80527 USA
Fax: +1-970-266-0777
Email: office@ivas.org