



IVAS Student Membership

Membership Dues – FREE

* Required information

Personal Information:

* First Name: _____

* Last Name: _____

* Email Address: _____

* Address: _____

* City: _____ * Province/State: _____ * Postal Code: _____

* Country: _____

* Cell Phone / Phone: _____

School Information:

* Veterinary College: _____

* City: _____

* Province/State: _____ * Postal Code: _____

* Country: _____ * Expected Graduation Year: _____

- **Student Members need to submit proof of attendance to a Veterinary Medical University, including a signed letter from the university, stating the estimated year of graduation.**
- **Students will have free membership all through veterinary school and the first year after graduation.**

Mail, Fax or Email this form to:

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Fort Collins, CO 80527 USA
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Fax: +1-970-266-0777
Email: office@ivas.org
Website: www.ivas.org