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:

International Veterinary Acupuncture Society (IVAS)
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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