



IVAS Student Membership

Membership Dues – FREE

Membership year is from July 1 thru June 30

* 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 will need to submit proof of attendance to a Veterinary Medical University.**
- **Please have 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)
PO Box 1283
Portland, TX 78374 USA
Fax: +1-970-266-0777
Email: office@ivas.org