



IVAS New Membership

Membership Dues – US\$125.00

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 Business information 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 ACUPUNCTURIST (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 to be listed as a Certified Veterinary Acupuncturist.**

Payment Information: (credit card or check drawn on a US bank)

- VISA
- MasterCard
- American Express
- Discover

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 1283
Portland, TX 78374 USA
Fax: +1-970-266-0777
Email: accounting@ivas.org