



**Association of Veterinary Hematology and Transfusion Medicine (AVHTM)**

**PO Box 1234**

**Sahuarita AZ 85629-1004 USA**

**Membership Application**

Title (optional):            Dr.        Mr.        Mrs.        Ms.

Name \_\_\_\_\_ Suffix \_\_\_\_\_

Institution / Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**Online Member Directory!** AVHTM has set up an online Member Directory for members. It is password protected and access is limited to current AVHTM members. Upon the completion of the processing of your membership and receipt of your annual dues, you will be notified via e-mail of your login credentials. You may need to check your spam or junk mail file for e-mail from AVHTM.

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**MEMBERSHIP OPTIONS:** (choose one)

**Student: \$5.00 USD / year**

Veterinary medical students and veterinary technicians who are currently enrolled in classes qualify for student membership. You may be asked to provide proof of enrollment.

**Individual: \$35.00 USD / year**

Licensed veterinarians and technicians who work at a teaching facility, a hospital, or blood bank personnel qualify for Individual membership.

**Donation: \$\_\_\_\_\_ Please consider making a tax-deductible donation to AVHTM.**

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**Credit Card No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Security code:** \_\_\_\_\_ **Cardholder Name:** \_\_\_\_\_

**Credit card billing address** \_\_\_\_\_

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Please send your **Membership Application** and **Dues** (check or money order payable to "Association of Veterinary Hematology and Transfusion Medicine") to:

**AVHTM  
PO Box 1234  
Sahuarita AZ 85629-1004**

You can also apply online at [www.avhtm.org](http://www.avhtm.org) | **Join Us** for faster service.