



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.

MEMBERSHIP OPTIONS: (choose one)

Student: \$10.00 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: \$45.00 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.

Credit Card No: _____ Expiration Date: _____

Security code: _____ Cardholder Name: _____

Credit card billing address _____

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 | **Join Us** for faster service.