

## MEMBERSHIP APPLICATION AUXILIARY TO THE AVMA

The purposes of the Auxiliary to the AVMA shall be “to assist the Profession in informing the public of the value of Veterinary Services in Practice, Education and Research, Public Health, and other fields of endeavor”.

Accomplishing this purpose may include, but not be limited to: (a) promoting and supporting the AVMA; (b) assisting veterinary students in AVMA accredited colleges of veterinary medicine; and (c) strengthening the bond of friendship and communications among those associated with the veterinary professions.

Your membership, participation in whatever ways possible, and dues are a vital part of our efforts. Thank you for becoming a member.

### **TYPES OF MEMBERSHIP:**

1. **Active Member:** Any spouse, child, parent, sibling, widow or widower of a veterinarian who is (or who was while living) a “Voting Member” of the AVMA and in good standing with the AVMA is eligible to become an Active Member upon payment of the membership dues required for Active Members, if any.
2. **Support Member:** Any individual who is not eligible to be an Active Member but who is sponsored by either an Active Member or a Life Member of the Auxiliary who is in good standing with the Auxiliary, or a “Voting Member” of the AVMA who is in good standing with the AVMA, shall be eligible to be a Support Member upon payment of the membership dues required for Support Members, if any.
3. **Life Members:** Any individual who was designated as a Life Member prior to the adoption of the Bylaws amendments on July 22, 2013, shall be a Life Member of the Auxiliary.

## MEMBERSHIP APPLICATION AUXILIARY TO THE AVMA

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS:  
\_\_\_\_\_

TYPE OF MEMBERSHIP:

Active       Support

SPONSORING VETERINARIAN'S NAME:  
\_\_\_\_\_

RELATIONSHIP TO VETERINARIAN  
\_\_\_\_\_

VETERINARIAN'S SIGNATURE:  
\_\_\_\_\_

RECEIVE COMMUNICATIONS:

MAIL       E-MAIL

1. Please give this form to an Auxiliary Member or Director or mail to: The Auxiliary to the AVMA, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173.
2. Dues are \$50.00 per year. Please attach a check made out to “The Auxiliary to the AVMA”.