nasphv

National Association of State Public Health Veterinarians

Membership Application

for new or renewing members

Date: _____

_____ _____ _____ _____

First name *Initial* *Last Name* *Degrees*

_____

Title/Position

Check here if you are the designated State Public Health Veterinarian for your state: ☐

_____ _____

Agency *Division/Bureau/Program*

_____

Address 1

_____

Address 2

_____ _____ _____

City *State* *Zip*

_____ _____ _____

Phone *Fax* *E-mail address*

☐ *New membership* ☐ *Renewal*

Please choose New or Renewal, and one membership type below

☐ *Active membership*
$75 per year

☐ *Associate membership*
$50 per year

☐ *Emeritus membership*
Free

☐ *Student membership*
$20 per year

_____ _____

School *Graduation date*

Note: Designated state public health veterinarians and other veterinarians in state health departments are now Active Members. See constitution and bylaws at nasphv.org for details.

If paying by check, make payable to NASPHV and return to:

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