



APPLICATION FOR MEMBERSHIP

Name _____ Degree _____

Clinic/Business Name _____

Office Address _____

City State/Province Country Zip Code

Home Address _____

City State/Province Country Zip Code

Contact Numbers () _____ () _____ () _____
Office Fax Home

E-mail _____

Please check your preferred mailing address Office Home

Include name and mailing address on Therio Website? Yes No

Veterinary School _____ Year Graduated _____

Please check the ONE type of professional activity that best describes your employment:

Private Practice Academia Industry Government Retired Other

Please Indicate your species of interest:

Beef Equine Feline Swine Dairy Canine Small Ruminants

In which of the following organizations do you hold membership?

AVMA State VMA AABP AASV Canadian VMA AAEP AAHA AASRP

Type of Membership Active (\$110) Associate (\$110) Student (\$10)

Method of Payment Check enclosed (US funds drawn on US Bank) Visa M/C AmEX

Card Number _____ Exp. Date _____

Three digit security code on back of card _____ (4-digit on front of AmEX)

Please submit application with payment to:
Society for Theriogenology
P.O. Box 3007, Montgomery, AL. 36109
Applications paid by credit card may be faxed to (334) 270-3399

For questions call (334) 395 - 4666