



2024 membership APPLICATION

AVMA Member ID# _____

I am a veterinarian not a veterinarian however I teach veterinary medicine or the sciences allied to veterinary medicine; or engaged in veterinary research
(complete sections 1,3,5. See pg 2, under affiliate member for additional required documents)

section 1 name/details

last	middle
first	date of birth (mm/dd/yyyy)
former last name	
gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> a gender not listed here <input type="checkbox"/> prefer not to answer	

Please submit completed application

Mail:
American Veterinary Medical Association
Attn: Membership Division
1931 N Meacham Rd, Ste 100
Schaumburg, IL 60173
Fax: 1-847-303-5669

Any questions?

Please contact the AVMA Membership Division at 1-800-248-2862, ext. 6631

email: memberrecords@avma.org

Please do not send any credit card information via email.

section 2 educational info

veterinary medical college <i>(if foreign school, include city/country)</i>	
veterinary degree	other degree(s)
veterinary graduation date (mm/yyyy)	

section 3 address/contact info

<input type="checkbox"/> home address (check if preferred mailing address)	<input type="checkbox"/> business address (check if preferred mailing address)	
address	company name	
city	address	
state/ZIP code	city	
country	state/ZIP code	
home phone	cell	country
email	phone	fax
online member directory listing <input type="checkbox"/> home <input type="checkbox"/> business <input type="checkbox"/> none	include corresponding phone # <input type="checkbox"/> Y <input type="checkbox"/> N	email <input type="checkbox"/> Y <input type="checkbox"/> N
exclude mail from AVMA partners <input type="checkbox"/> Y <input type="checkbox"/> N	<i>On occasion, the AVMA shares its mailing list with partners. The AVMA reviews each request and only approves mailings that provide information that is relevant to the practice of veterinary medicine.</i>	

section 4 reduced dues for educational status

I am pursuing a full-time program in one of the following:

start date _____ completion date _____

Graduate study, post-graduate study, internship, or residency at an accredited college or university

An internship listed by an allied organization in the AVMA House of Delegates

Residency program approved by an AVMA-recognized veterinary specialty board or college

Certification required. The chief advisor must certify that the applicant is involved in the full-time program of study indicated.

Print name of chief advisor of the program

title

email or phone # of chief advisor

section 5 member signature

I certify that all information on this application form is accurate.

X _____
member signature _____ *date* _____

TOTAL dues amount \$ _____

Please refer to to the schedule of membership dues on the backside for total amount due.

payment type check # _____ (to pay by credit card please apply online at www.avma.org/Membership)

Your membership includes a complimentary subscription to *JAVMA* and access to *AJVR* online as a member benefit.

AVMA Office Use Only

Rec'd date:

*NEW RECORD
School ID #:

Send date:

Completion date:

2024 schedule of membership dues

Please remit payment based on month of application and status

January	\$370	July	\$190
February	\$340	August	\$160
March	\$310	September	\$130
April	\$280	October	\$100
May	\$250	November	\$70
June	\$220	December	\$40

Reduced dues for educational status

January	\$185	July	\$95
February	\$170	August	\$80
March	\$155	September	\$65
April	\$140	October	\$55
May	\$125	November	\$35
June	\$110	December	\$20

Voting member

Voting membership may be granted to any individual who has earned a professional degree in veterinary medicine from a school or college of veterinary medicine and shares interest in and supports the purposes of the Association; abides by these Bylaws, the Association's Principles of Veterinary Medical Ethics, and such other policies, rules, and regulations as the Association may adopt.

Affiliate member

Affiliate membership may be granted to any individual who (i) does not otherwise qualify for membership as a voting member; (ii) has met membership qualifications and application requirements as specified in Article II, Sections 1 and 2; and (iii) does one of the following:

1. Teaches veterinary medicine or the sciences allied to veterinary medicine; or
2. Engages in veterinary research.

Additional requirements: *(Must be submitted with application)*

- Cover letter indicating the reason for interest in AVMA affiliate membership
- Complete curriculum vitae of the applicant
- Letters of recommendation from two active members of the Association or from an organization represented in the House of Delegates. *Organizations represented in the AVMA House of Delegates include all state VMAs, SAVMA, AAAP, AABP, AAEP, AAFHV, AAFP, AAFSV, AAFP, AAHA, AAIV, AASRP, AASV, AAV, AAVC, AHVMA, ASLAP, NAFV, Society for Theriogenology, and Uniformed Services.

Reduced dues for educational status

An active member who is pursuing a full-time program of graduate study, postgraduate study, internship, or residency at an accredited college or university; or is pursuing an internship listed by an allied organization in the House of Delegates; or a residency approved by an AVMA-recognized veterinary specialty board or college will, following application and approval, and for current and future dues years, be granted reduced dues of 50% of the regular member dues amount. For programs that begin on or before March 31, the reduction in dues will be effective in the year of admission into the program. For programs that begin on or after April 1, the reduction of dues will be effective on January 1 of the year following admission into the program. The chief advisor of the individual requesting reduced dues shall certify to the AVMA that the individual is enrolled in the full-time program. Reduction of dues under the provisions of the paragraph shall be limited to a total of not more than seven years for any individual.

Additional information:

Membership includes a subscription to *JAVMA* and access to *AJVR*.

Included with a subscription to *JAVMA* is access to the entire online database of articles published since 2000 (avma.org/Journals); *JAVMA* access is provided only during the time that an active subscription is maintained.

AJVR is freely accessible online to members.

Membership in the AVMA is nontransferable and dues are nonrefundable.

AVMA dues are not tax deductible as charitable contributions. They may be deductible as ordinary and necessary business expenses. However, the estimated 5.25% that is attributable to AVMA lobbying expenses is not deductible.

Paying by check authorizes the American Veterinary Medical Association to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Any questions? Please contact the AVMA Membership Division at 1-800-248-2862, ext. 6631, or email us at memberrecords@avma.org.