



IVETAA

international vet transport association for animals

FY2008 IVETAA MEMBERSHIP APPLICATION FORM

For 2008, our first year of activity, our initial Membership Fee is \$25. We look forward to your professional input during this period of growth. As of 2009 we plan to request an annual fee of \$50-\$150.

If you wish to participate in the new venture of IVETAA please fill in the form below clearly.

PLEASE TYPE OR PRINT.

All contact information should be business-related:

NAME (First): _____ (Last): _____

COMPANY/CLINIC NAME: _____

MAILING ADDRESS: (Work Home) _____

CITY: _____ STATE/PROVINCE: _____

POB: _____ ZIP: _____ COUNTRY: _____

TELEPHONE: _____ CELLULAR: _____

TOLL FREE PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

I AUTHORIZE RELEASE OF MY CONTACT INFORMATION, AT THE DISCRETION OF IVETAA YES NO

I authorize you to charge \$25 membership fee to the below credit card:

Visa MasterCard Other

CREDIT CARD #: _____

FULL SIGNATURE: _____

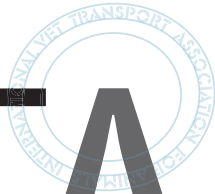
EXPIRATION DATE: _____

PLEASE FILL OUT THIS FORM AND INCLUDE PAGE 2 (PRINT OR TYPE) MAIL OR FAX (OR SCAN) TO:
Fax (USA): 1-347-649-9266 EMAIL: membership@IVETAA.org



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FOR IVETAA'S DATA BASE ONLY-PLEASE FILL IN THE BELOW AND INCLUDE WITH YOUR MEMBERSHIP APPLICATION:

BUSINESS TYPE:

Veterinary Clinic Transport Company Legal Services

Research _____

OTHER _____

ANIMAL SPECIALIZATION:

Small Animal Avian Equine Farm Fish Exotic Lab Animals

Assorted Other _____

SERVICES OFFERED:

Veterinary clinic transport services bird care boarding

research laboratory quarantine facility

OTHER/SPECIFIED _____

For VETS:

DEGREE(s): _____

COLLEGE/UNIVERSITY: _____

YEAR(S): _____

ADDITIONAL ORGANIZATIONAL MEMBERSHIPS:

ORGANIZATION _____

SINCE (YEAR) _____

ORGANIZATION _____

SINCE (YEAR) _____

ORGANIZATION _____

SINCE (YEAR) _____

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