



MEMBERSHIP APPLICATION/RENEWAL

APPLICANT INFORMATION

Name and Degree:

Hosp/Company/Institutional Affiliation (No changes? Skip to payment) :

Street address:

City: State: Country:

ZIP Code: E-mail Address:

Telephone: Fax:

PROFESSIONAL INFORMATION

Veterinary School: Year Graduated:

Board Certification: ACVP ACVD ECVP ECVD Other Cert:

Societies / Organisations AAVD ESVD ESVP AVMA ASD Other:

I am primarily a: Diagnostic Pathologist: Clinical Dermatologist: Other:

I am a: Dermatology/pathology resident in pathology or a PhD student: (FREE)

n.b. Residents must include a letter from their supervisor confirming residency status and providing projected date of completion of residency program.

PAYMENT DETAILS

I have enclosed a check or money order in the amount of Eighty (80) US dollars or the equivalent (based on current exchange rates) in Euros or my native currency. **Checks for US dollars must be drawn on a US bank.**

am paying \$80 US by: VISA Mastercard Signature:

Card Number: - - - Exp date / (MM/YY)

Security code (the 3 digits on the back of the card)

Address where you receive your credit card statements:

Street address:

City: Country: Postal / ZIP Code:

I would also like you to mail me an ISVD logo pin and have added Ten (10) dollars to my check/money order or approved credit card transaction.

Please mail your completed form to: ISVD
 C/O Jennifer Ward, DVM
 14810 15th Ave NE
 Shoreline, WA 98155 USA

If paying by credit card, or you are a resident/PhD student you can also fax the form to 1-206-453-3309. **For security reasons, please do not e-mail credit card info.**