

American Veterinary Society of Animal Behavior Membership Application

Please note that the information on this form indicated with an ➡ is required.

(Check one): Renewal New Member

➡ Name: _____

➡ Address: _____

➡ City: _____ State: _____ Zip: _____

➡ Country: _____

➡ Telephone: _____ - _____

(this number will be given to potential referrals if requested)

Fax: _____ - _____

➡ E-mail: _____

Professional Memberships:

Current Employment:

Major interest in animal behavior:

Academic Degrees, schools and dates:

I hereby apply for membership in the American Veterinary Society of Animal Behavior

- \$50.00 Regular Membership.** Open to veterinarians only, Foreign or U.S. residents. Includes electronic quarterly newsletter, AVSAB listserv membership, reduced registration fee at the annual scientific meeting, and voting privileges at the annual business meeting. The membership year is January 1 through December 31 and dues are not prorated.
- \$50.00 Affiliate Membership.** Open to non-veterinarians, Foreign or U.S. residents, who have been approved by AVSAB's executive board. Includes electronic quarterly newsletter, AVSAB listserv membership, reduced registration fee at the annual scientific meeting, and voting privileges at the annual business meeting. **Candidates must have a Ph.D. in animal behavior or a closely related field and be currently active in research and/or practice of applied animal behavior.** A curriculum vitae must accompany this application and is required every two years at the time of membership renewal. The membership year is January 1 through December 31 and dues are not prorated.

Student Membership. Currently enrolled veterinary students, Foreign or U.S. residents. Includes electronic quarterly newsletter, AVSAB listserv membership, and reduced registration fee at the annual scientific meeting. Student members do not have voting privileges at the annual business meeting. The membership year is January 1 through December 31 and dues are not prorated.

Veterinary School _____ Class of _____

- \$7.50 Individual Membership.** For students who are not members of their veterinary school's Student Chapter of AVSAB.
- FREE** Members of Student Chapters of AVSAB receive a complimentary Individual Student Membership. **STUDENTS MUST REGISTER ON-LINE FOR THIS FREE MEMBERSHIP.**
- \$30.00 Subscription only.** Individuals receive copies of the quarterly electronic newsletter. No other privileges are offered.
- FREE New Graduate Veterinarian.** Veterinarians who were AVSAB student members at the time of graduation are entitled to a one-year complimentary membership in the calendar year following graduation.

\$ _____ TOTAL ENCLOSED. MUST BE IN U.S. FUNDS. MAKE CHECKS PAYABLE TO "AVSAB"

Credit card (international and U.S.) and checking account direct debit payments (U.S. checking accounts only) can be done via PAYPAL at the following web site: www.paypal.com. Remit PAYPAL payments to our account, avsabe@yahoo.com.

Check here if payment is being sent via PayPal.

I agree to abide by the following principles of the American Veterinary Society of Animal Behavior:

The American Veterinary Society of Animal Behavior (AVSAB) is a group of veterinarians, veterinary students, and nonveterinarians with advanced degrees in animal behavior, interested in exploration of the clinical and research aspects of the behavior of companion and noncompanion species. Its goals are:

- to promote the discipline of applied animal behavior within veterinary medicine,
- to facilitate the exchange of information among interested individuals,
- to serve as an informational resource for veterinarians and the general public, and
- to promote and protect the animal welfare and the human-animal bond.

➡ Signature of applicant: _____ Date: _____

Signature of faculty member if student is **NOT** an SCAVSAB member: _____ Date: _____

Title: _____ Institution: _____

➡ **May we release your name to the public for referrals?** Yes No (Veterinarians taking advantage of the free trial membership and students are not eligible to list contact information for referrals.)

Return to: Dr. Kelly Ballantyne, 2715 N. Monticello Ave., Chicago, IL 60647. For questions, email Dr. Ballantyne at avsabe@gmail.com.