



Australian Society for Veterinary Pathology

(incorporated in South Australia)
ABN 38 500 370 913
website: <http://www.asvp.org.au>

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MEMBERSHIP APPLICATION FORM

Applicants for FULL Membership must have a veterinary degree registrable in Australia.
Those with non-registrable qualifications may apply for Associate Membership.

I, Full name: _____
of _____
Home address _____
_____ State _____ Post code _____
Home phone _____ mobile _____ Home email _____

Wish to become a Full Member Associate Member* of the Australian Society for Veterinary Pathology.
In the event of my admission as Member/Associate Member, I agree to be bound to the Rules of the Society.
*(see ASVP Constitution for details of full/associate membership, and indicate choice)

Employer: _____ Address _____
City _____ State _____ Post code _____ Phone work _____
email work _____ Send my emails to work home (pls tick)

Details of experience in Veterinary Pathology:

Academic Qualifications (include the granting institutions): _____

I enclose a \$50 cheque /money order in payment for the joining fee (includes the first year's annual subscription)
 I wish to pay my joining fee/subscription of \$50 by Electronic Fund Transfer or PAYPAL (If you chose to pay by EFT, after acceptance of your application by the management committee, you will be sent the details of the ASVP bank account.

Signature Date

I, (please print full name) _____
being a full ASVP member, nominate the applicant, who is personally known to me, for membership of the ASVP
Signature of proposer _____ Date _____

I, (please print full name) _____
being a full ASVP member, second the nomination of the applicant, who is personally known to me, for membership of the ASVP
Signature of seconder _____ Date _____

Please post the form to the Honorary Secretary when completed (address above)

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OFFICE USE ONLY:

Membership approved:

Signed

Date