



AMERICAN ACADEMY OF VETERINARY PHARMACOLOGY AND THERAPEUTICS (AAVPT)

APPLICATION FOR FELLOW MEMBERSHIP

_____ I am applying for membership as an AAVPT Fellow

Name: _____ Degree(s): _____

Business Address: _____

(City) (State) (Zip) Telephone: _____
Fax: _____

E-mail: _____

Degree(s): _____ Institution(s): _____

Special training and expertise (as it will appear in the Directory):

Sponsors: Please list the names of one Fellow of AAVPT who have agreed to sponsor your nomination for membership. It is the candidate's responsibility to ensure that recommendation forms are completed and returned promptly.

Qualifications: Please summarize, in your own words, activities that demonstrate your interest and experience in veterinary pharmacology and therapeutics (Attach additional sheet if necessary). _____

Application fees: \$65.00 Regular Member (annual membership fee of \$45.00 plus a one-time \$20 application fee)

NOTE: Do not send a check at this time – when approved, a link will be provided to our website for dues payment. Please send this application to the AAVPT.

AAVPT
P.O. Box 103
Timnath, CO 80547-0103

Or scan and send via email to: aavptsec@gmail.com

