



AVM Membership Application & Meeting Registration

Name: _____

Institution: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____

E-mail address: _____

Do you want to be part of the AVM list-serve? YES _____ NO _____

Field of interest: _____

I have enclosed payment of \$20 for AVM membership. I understand that this covers membership for the current fiscal year, which ends with the annual AVM meeting. (Year 2019-2020)

I have enclosed payment of \$50.00 for meeting Pre-Registration. Deadline for meeting Pre-Registration is July 20, 2019. Registration at the meeting is \$60.00.

MEETING ONLY REGISTRATION I do not wish to become a member. I have enclosed a check for \$75.00. At the meeting is \$85.00.

Checks made payable to "AVM" may be sent to :

**Lisa Willis
Breathitt Veterinary Center
101 MSU Drive
Hopkinsville, KY 42240**