



Membership Application

Name _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone (office) _____ Phone (cell) _____

Fax _____ Graduation Year _____

Email _____

- Individual Member (\$100.00) -- For solo rural practice OR a veterinarian in a group practice who wishes his/her own membership.
- Individual Membership-Mentor (\$100.00) -- For solo rural practice OR a veterinarian in a group practice who wishes his/her own membership AND is willing to serve as a mentor to students. Please complete Mentor sections on Page 2.
- Practice Membership (\$150.00) -- For multiple veterinary practice with a rural focus and employing more than one veterinarian. Please complete Page 3.
- Practice Membership-Mentor (\$150.00) -- For multiple veterinary practice with a rural focus and employing more than one veterinarian AND willing to mentor students. Please complete Page 3, and the Mentor sections on Page 2.
- Practice Membership-Additional Veterinarian (\$0.00) -- For a veterinarian who is employed by a Practice Member and wishes to have his/her own membership access.
- Affiliate (\$100.00) -- For a non-veterinarian who supports or works with veterinarians (i.e., office staff, veterinary tech, etc.)
- Faculty/Liaison (\$0.00) -- For a faculty member who assists ARV in reaching veterinary students.
- Student (\$0.00) -- For a student enrolled in a veterinarian science program.

SCHOOL: _____

\$_____ Amount enclosed (please make checks payable to ARV and send to ARV, 90 State Street, Suite 1009, Albany, NY 12207)

Please complete appropriate section(s) on Pages 2-3

Member Profile/Personal Information:

Please complete the following sections, if applying to be an ARV Mentor

Mentorship/Practice Overview:

Mentorship Accommodations Available:

Species (please specify percentage of each breed that your clinic serves; enter only numbers):

_____ Cow/Calf _____ Feedlot _____ Dairy
_____ Other Large Animal _____ Small Animal

ARV Practice Member Roster

If you are completing this membership for a practice, please provide us with with the names and e-mail addresses for all the veterinarians in the practice; this way, they can receive member updates and information.

Name of Practice: _____

<i>Name of Veterinarian</i>	<i>E-Mail Address</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____