



**Associate Membership is on a calendar year basis and offers the following benefits:**

- Opportunity to support the holistic integrative veterinary medical profession.
- Opportunity to advertise on the AHVMA website (exclusive to Associate Members).
- Early advance access to exhibit space allocation and sponsorship opportunities.
- Online access to the AHVMA Journal and Proceedings.
- 5% discount on exhibit space
- Conference bag inserts at 50% off regular rate
- Associate Membership in AHVMA offers numerous benefits to boost your business and your bottom line while at the same time providing much-needed support to AHVMA.

## AHVMA

### Our Mission

The American Holistic Veterinary Medical Association is the mindful leader elevating the veterinary professional through innovation, education, and advocacy of integrative medicine.

Phone: 410.569.0795

Fax: 410.569.2346

Email: [office@ahvma.org](mailto:office@ahvma.org)

Web: [www.ahvma.org](http://www.ahvma.org)



AHVMA  
PO Box 630  
Abingdon, MD 21009



## AHVMA ASSOCIATE MEMBERSHIP

*An opportunity to support AHVMA  
- the premier holistic & integrative  
veterinary medical association*

# Criteria

AHVMA Associate Members must be either a business or a non-profit organization directly related to the Mission of AHVMA.

Associate Membership does not convey voting privileges in AHVMA or ability to serve on the Board of Directors.

Veterinary clinics, animal hospitals, similar institutions or practicing veterinarians do not qualify for this class of membership.

Associate Membership includes one business listing in the on-line Directory. Multiple operations under one business listing are not permitted.

Membership is on a calendar year basis.

Final decision on eligibility for Associate Membership rests solely with the AHVMA Executive Director.

## 2019 Membership Investment

**CLASS A – Sole proprietorships**  
**\$375 USD per year**

**CLASS B – Corporations, LLCs, all others**  
**\$550 USD per year**

## AHVMA ASSOCIATE MEMBERSHIP *Application form*

Firm Name

If Branch or Subsidiary, Name of Parent Company

Name and Title of Primary Contact

Street Address

City

State/Province

Country Postal Code

Phone

Fax

Email

Website

Business/Organization Type

- Sole Proprietorship
- Partnership
- LLC
- Corporation
- Other (please specify)

Briefly describe the services or products that your firm provides to the veterinary profession. Attach an additional sheet if necessary \_\_\_\_\_



## ANNUAL ASSOCIATE MEMBERSHIP DUES

### 2019 RATE

\_\_\_\_\_ CLASS A \$375 USD

\_\_\_\_\_ CLASS B \$550 USD

### PAYMENT OPTIONS

MC Visa AmEx

Check (payable to AHVMA)

Card Number

Exp CVC Code

Name on Card

Signature

If paying by check, please mail completed Application Form with payment to:

American Holistic Veterinary Medical Association  
Attention: Membership Department  
PO Box 630, Abingdon, MD 21009