



AHVMA

American Holistic Veterinary Medical Association

2018 membership APPLICATION

2018-2019 Membership Form - Dues Year Begins April 1st and ends March 31st the Following Year

name/details		submit completed application
last		Mail: American Holistic Veterinary Medical Association PO Box 630 Abingdon, MD 21009 Fax: 410.569.2346 Any questions? Please contact AHVMA at 410.569.0795 email:office@ahvma.org
first	middle	
date of birth (mm/dd/yy)	gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unspecified	
educational info		
complete educational information required for all non-subscriber memberships		
veterinary medical college (college/school if technician)		
veterinary degree	other degree(s)/certification(s)	
veterinary graduation date (mm/yy)		

contact info		please complete all sections. choose your preferred mailing address (for AHVMA mailing) and REFERRAL LISTING (for public online directory)	
<input type="checkbox"/> home address (check if preferred mailing address)	<input type="checkbox"/> business (check if preferred mailing address)		
address	clinic/organization name		
city	address		
state/postal code	city		
country	state/postal code		
home phone	cell	country	
** PREFERRED email (required for login)		phone	fax
online directory listing <input type="checkbox"/> home <input type="checkbox"/> business <input type="checkbox"/> none	DIRECTORY email		
do not include my information in member mailing list <input type="checkbox"/>	include corresponding phone in REFERRAL DIRECTORY # <input type="checkbox"/> Y <input type="checkbox"/> N (this will be visible online)		

membership categories		only full members are included in AHVMA "Find a Vet" referral directory
<input type="checkbox"/> Member Veterinarian \$215 <i>Graduate Veterinarians, graduated 2014 or before.</i>	<input type="checkbox"/> I am a NEW member , please send me a new member packet.	
<input type="checkbox"/> Retired/Inactive non-voting (non-AVMA) \$105 <i>Formerly a Regular Member for at least 15 consecutive years and is now fully retired from practice, and wishes to continue to receive AHVMA Journal.</i>	I was referred by: _____	
<input type="checkbox"/> Retired/Inactive voting (AVMA Member) \$55 <i>Formerly a Regular Member for at least 15 consecutive years and is now fully retired from practice who is an AVMA Member, and who wishes to receive the AHVMA Journal.</i>	AVMA Info	
<input type="checkbox"/> Academia \$55 <i>College or University Faculty member who wishes to receive the AHVMA Journal.</i>	<input type="checkbox"/> I AM an AVMA member. My AVMA # is: _____	
<input type="checkbox"/> First Year Graduate (2017) Complimentary	<input type="checkbox"/> I am not an AVMA member.	
<input type="checkbox"/> Second Year Graduate (2016) Complimentary	other organizations	
<input type="checkbox"/> Third Year Graduate (2015) \$100	please list other veterinary associations/organization of which you are a member: _____	
<input type="checkbox"/> Veterinary Student Complimentary <i>Must provide Dean's letter or veterinary student ID as proof of current enrollment in AVMA accredited school.</i>	_____	
<input type="checkbox"/> SAHVMA Advisor Complimentary <i>Faculty Advisor to an organized National SAHVMA Chapter.</i>	AHVMA ASSOCIATE MEMBERSHIP	
<input type="checkbox"/> Veterinary Technician/Support Staff \$80	Businesses or non-profit organizations directly related to the Mission of AHVMA. Not available for veterinary clinics, hospitals or practicing veterinarians. Includes business listing in online Associate Directory. Contact us for application and list of benefits!	
<input type="checkbox"/> Subscriber \$95 <i>Online journal only.</i>		

I would like to DONATE to SAHVMA..... \$ _____ <i>(Student AHVMA)</i>	payment method	
TOTAL Dues (and donation if applicable)..... \$ _____	<input type="checkbox"/> amex <input type="checkbox"/> mc <input type="checkbox"/> visa <input type="checkbox"/> disc <input type="checkbox"/> check # _____	
name on card _____	signature _____	
card # _____		
exp _____	cvv code _____	billing postal code _____
<input type="checkbox"/> I request AUTOMATIC RENEWAL of my dues each year and authorize AHVMA to keep my credit card # on file (initial) _____		



The AHVMA Office maintains an online referral directory for Member Veterinarians, which lists all contact information and modalities practiced. It is available to the public online at www.ahvma.org. If you are a Licensed Practicing Veterinarian who currently utilizes at least one holistic modality, are accepting new clients, and would like to be included in our referral directory, we request that you complete the form below. The accuracy of the information provided is your responsibility. If any of your information changes, you must submit a new form or update your profile online.

Dues must be current by April 1st each year to remain on the directory, though we allow a 30-day grace period before your listing is removed.

Please type or print CLEARLY. Fill in all information you wanted listed in the directory. Remember, this is referral information, so the contact information you give should be related to your business (in other words, don't list your home address or phone number unless you want it in the directory.). Check all of the "Practice Type" and "Modalities Used" categories that apply to you.

referral directory			
name		phone	
clinic name		fax	
address		email	
city	state/province	zip/postal	country
www.ahvma.org		website	
practice type			
<input type="checkbox"/> small animal <input type="checkbox"/> equine <input type="checkbox"/> exotic <input type="checkbox"/> avian <input type="checkbox"/> large animal <input type="checkbox"/> house calls			
modalities used			
<input type="checkbox"/> Acupuncture certification (check all that apply) <input type="checkbox"/> Chi Inst <input type="checkbox"/> CuraCore <input type="checkbox"/> IVAS <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Applied Kinesiology <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Bach Flower Remedies <input type="checkbox"/> Chiropractic certification (check all that apply) <input type="checkbox"/> AVCA <input type="checkbox"/> CSU <input type="checkbox"/> HOWC			
<input type="checkbox"/> Herbs, Chinese <input type="checkbox"/> Herbs, Western <input type="checkbox"/> Glandular Therapy <input type="checkbox"/> Homeopathy (check all that apply) <input type="checkbox"/> Classical <input type="checkbox"/> AVH Certified			
<input type="checkbox"/> Ozone Therapy <input type="checkbox"/> Prolotherapy <input type="checkbox"/> Pulsating Magnetic Therapy <input type="checkbox"/> Reiki <input type="checkbox"/> Veterinary NAET <input type="checkbox"/> Veterinary Orthopedic Manipulation			
<input type="checkbox"/> Homotoxicology <input type="checkbox"/> Immuno-Augmentive Therapy <input type="checkbox"/> Laser Therapy <input type="checkbox"/> Magnetic Therapy <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Nutraceuticals <input type="checkbox"/> Nutrition <input type="checkbox"/> Osteopathy			
<input type="checkbox"/> Other: _____			
<i>Optional Information</i> Do you have any Board Certifications? If yes, please list: _____			

WEB-1.18

AHVMA Member Benefits		Your membership pays for itself. AHVMA dues are approximately 100% return on investment for each client referral.	
<p>In addition to inclusion in the AHVMA online referral directory Member Veterinarians receive the following benefits:</p> <ul style="list-style-type: none"> • Deeply Discounted Registration to AHVMA Conferences • Representation in the AVMA House of Delegates • **You will be required to log in to access benefits below** • Access to Natural Standards Database (over a \$200 value) • Members-only webpages • Unlimited Online Access to JAHVMA <i>(Journal of the American Holistic Veterinary Medical Association)</i> • Annual Conference Proceedings <i>(includes access to archived proceedings)</i> • AHVMA e-Newsletters • AHVMA Member Vets in the contiguous US receive discounted titer testing from the Kansas State University Veterinary Diagnostic Lab (KSVDL). 		<p>submit completed application</p> <p>Mail: American Holistic Veterinary Medical Association PO Box 630 Abingdon, MD 21009 Fax: 410.569.2346 Phone:410-569-0795 Email:office@ahvma.org</p>	
<p><i>Save the Dates</i> AHVMA2018</p> <p>October 4 - 7, 2018 <i>Save the Dates</i></p> <p>Gaylord Palms Resort & Convention Center Kissimmee, Florida</p>			