



Membership Application

Name _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone (office) _____ Phone (cell) _____

Fax _____ Graduation Year _____

Email _____

- Individual Member (\$100.00) -- *For a solo rural practice OR a veterinarian in a group practice who wishes his/her own membership.*
- Individual Membership-Mentor (\$100.00) -- *For a 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 a multiple veterinary practice with a rural focus and employing more than one veterinarian. Please complete Page 3.*
- Practice Membership-Mentor (\$150.00) -- *For a 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.*
- Recent Graduate/New Practice Owner (\$0.00/\$50.00/\$100.00 or \$150.00) -- *For a veterinarian who graduated OR established a rural practice within the last three (3) years. Dues on step schedule with no charge for first year of membership.*
- 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 (*Make checks payable to ARV and send to ARV, 1450 Western Ave., Suite 101, Albany, NY 12203*)

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. _____ | _____ |