



**THE AMERICAN ASSOCIATION OF VETERINARY
LABORATORY DIAGNOSTICIANS**

PO Box 6396 • Visalia, CA 93290 • Phone: 559-781-8900 • Fax: 559-781-8989 • Website: www.aavld.org

INSTITUTIONAL/ AGENCY MEMBERSHIP APPLICATION 2020

This form is for Institution / Agency Membership only.

PAYMENTS FOR THE 2020 CALENDAR YEAR ARE DUE BY November 15, 2019. Payments received after this date will not be guaranteed all six issues of JVDI or inclusion in the Membership directory.

Please complete all of the following fields. This is the primary form. **On the next page, please provide specific information for the individual employees you intend to enroll.** Print legible to avoid delay in the process. Thank you!

New Institution / Agency Member or **Renewing**

Name of Institution/Agency:

Address: **City:** **State:** **Zip code:**

Phone: **Fax:** **Country:**

Contact Person: **Email:**

Institution/ Agency Membership:

Choose one of the following Institutional/Agency Membership Options based on size or choose the Open Flex Enrollment Plan:

- Small lab** (<50 faculty and staff) will pay \$1000/year and receive an \$800 credit toward membership dues.
- Medium lab** (50-100 faculty and staff) will pay \$1500/year and receive a \$1200 credit toward membership dues.
- Large lab** (>100 faculty and staff) will pay \$2000/year and receive a \$1600 credit toward membership dues.
- Open Flex Enrollment Plan** – an option for any size lab; the lab pays for as many memberships as it desires at regular rates plus \$500.

*** Your Employee’s Individual Membership Type is open to full, associate, graduate student or resident. On the next page, please provide specific information for the individual employees you intend to enroll.**

Please send payments to: AAVLD, PO Box 6396, Visalia, CA 93290 USA

-Or-

Email: rozuna@aavld.org or Fax to: 559-781-8989

Credit Card Payment Information: Visa MasterCard CSC code:

Card No. / / / Expiration Date:

Name on Card: Signature:

Membership includes 6 issues/online access to the Journal of Veterinary Diagnostic Investigation (JVDI), reduced registration fees to the annual meeting, access to the member's only portion of the AAVLD website, twelve issues of the newsletter, an electronic directory on the website, voting rights, and the ability to hold office or chair/co- chair a committee.

*Associate Members or Vet Student/Undergrad Members do not receive the JVDI subscription, voting rights, or the ability to hold office or chair/co-chair a committee.

Full Membership (\$250.00)	Retiree Membership (\$62.50)
*Associate Membership (\$100.00)	Graduate Student Membership (\$25.00)
Resident Membership (\$25.00)	*Vet Student/Undergrad Membership (waived)

The information provided will be used for the membership directory and shipment of the journal if applicable.

1. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

2. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone Fax: Country:

3. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

4. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

5. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

6. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

7. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

8. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

9. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone; Fax: Country:

10. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

11. New Member or Renewing Member Category

Member Name:

Address: City: State: Zip code:

Laboratory/Department:

Phone: Fax: Country:

Please make copies for additional members and submit as an attachment to the primary Institutional / Agency Membership Form.