

New Member □

THE AMERICAN ASSOCIATION OF VETERINARY LABORATORY DIAGNOSTICIANS

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MEMBERSHIP APPLICATION 2019

This form is for Institution, Organization or Agency, Affiliated or Allied Industry Memberships PAYMENTS FOR THE 2019 CALENDAR YEAR ARE DUE BY November 15, 2018. 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. Please use the additional form attachment for your individual members. The information listed below will be used for both the AAVLD online Membership Directory and JVDI mailing list. Print legible to avoid delay in the process. Thank you!

Renewing Member \square

Name of Company:	Type of Company:
Address:	City: State: Zip code:
Phone: Fax:	Country:
Contact Person: Ema	l:
Contact Phone:	
Institution, Organization or Agency Membership:	Affiliated or Allied Industry Membership:
(Those enrolled in this members category cannot l been an individual AAVLD member for the last 2	
Labs with less than 50 faculty and staff: \$500 : □	Company with 10 people \$2500: \square
Labs with 50-100 faculty and staff \$1000 : □	In addition to benefits below: Listed as
Labs with greater than 100 faculty and staff \$1500:	Affiliated or Allied Members in JVDI and AAVLD website
Access to newsletter and listserv for 10 people, Electronic access practice videos of laboratory techniques", Representation in nati	Reduced registration fees for 10 people/year to attend the annual meeting, s to membership directory, Access to recorded webinars, Access to "best onal and international animal health policy development, Those nted do not have voting rights in AAVLD, Do not have the right to hold
Please send payments to: A	AVLD, PO Box 6396, Visalia, CA
93	3290 USA -Or-
Fax to	-OI- : 559-781-8989
Credit Card Payment Information: □Visa	□MasterCard CSC code:
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Name on Card:	Signature: