



Membership Application

Name: _____

Position: _____

Practice: _____

Address: _____

Phone(s): _____

Email: _____

- Annual dues:**
- | | | |
|--|-------|--------------------------|
| Veterinarian | \$50 | <input type="checkbox"/> |
| Intern/Resident | \$25 | <input type="checkbox"/> |
| Corporate membership | \$250 | <input type="checkbox"/> |
| Group member (three or more vets per practice) | \$45 | <input type="checkbox"/> |

Please make checks payable to VAEP and send to Secretary:

Katie Wilson

Department of Large Animal Clinical Sciences/0442

Virginia-Maryland Regional College of Veterinary Medicine

Phase 2, Duckpond Dr.

Blacksburg, VA 24061

Please call 540-231-4869 or email kewilson@vt.edu with any questions