



# MEMBERSHIP APPLICATION

Membership year runs July 1 through June 30.

*On behalf of the AVCA officers, directors and staff, I say thank you for your vote of confidence and support of your AVCA. We fully recognize how important your individual membership support is to the success of the AVCA. Thank you for your membership. I hope to see you in Texas this fall. The annual conference is the pinnacle of the membership year which is made possible by your attendance.*

Leo K. Rosenberg, DC President, AVCA

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Office Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Web Site: \_\_\_\_\_

The AVCA does not sell its membership list. If the Association, at some point, decides to sell or make the membership list available to interested individuals and businesses, do you authorize the release of your name and contact information?  Yes  No

MEMBERSHIP OPTIONS: CHECK ONE

- Professional Member\* (voting) - \$200  
For Licensed Doctor of Chiropractic or Veterinary medicine who is a \*current AVCA Certified Doctor.
- Doctor Associate Member (non-voting) - \$300  
For Licensed Doctor of Chiropractic or Veterinary medicine not AVCA Certified.
- Non-Doctor Associate Member (non-voting) - \$100  
For ethical person (who is not a graduate doctor), business, firm or association.

PAYMENT OPTIONS: CHECK ONE

- Check enclosed (payable to AVCA) U.S. Funds Only.
- Charge \$ \_\_\_\_\_ to my:  VISA  MasterCard  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

We believe that the animal chiropractic profession should occupy that place in its own and public esteem to which it is entitled and that the doctor performing animal chiropractic should be a leader in the community - in character, in teaching, in learning, in dignified bearing, and in courteous relations with his or her professional colleagues.

We believe that these things can be accomplished by organized efforts and do hereby resolve ourselves into an organization association dedicated and pledged to the following objectives: To protect, promote, and promulgate the advancement of the philosophy, science, and art of animal chiropractic and the professional welfare of members of this association in every legitimate and ethical way.

The purpose of these efforts is to ensure that people in every locality shall have the knowledge of the health benefits of chiropractic care for animals, and the unhampered right and opportunity to obtaining services of qualified doctors performing animal chiropractic with unquestionable standing and ability. Complete Code of Ethics available online at [animalchiropractic.org](http://animalchiropractic.org)

AVCA dues are not deductible as a charitable contribution, but may be deductible as a business expense. I have read and agree to the Code of Ethics. I understand that my application will not be processed without my signature of agreement below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_