

# STVM Membership Application

Professional \_\_\_\_\_ Professional (LIFDC) \_\_\_\_\_ Student \_\_\_\_\_

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

Professional Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_

State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May your name and address be released to vendors? Yes \_\_\_\_\_ No: \_\_\_\_\_

Education: Degree	Year	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Interest/ Research Areas: \_\_\_\_\_

Geographic areas of interest and/or experience: \_\_\_\_\_

Membership Year (Jan 1 - Dec 31), Two Year Membership:

US\$80 for Professional \_\_\_\_\_

US\$40 for Professional from countries on the FAO LIFDC List \_\_\_\_\_

(<http://www.fao.org/countryprofiles/lifdc/en/>)

US\$20 for Student \_\_\_\_\_

Payment: Cash, Check in \$US drawn on a United States Bank or International Affiliate of a US bank or credit card.

Credit Card : VISA \_\_\_\_\_ Master Card \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

For inquiries and payment information: [kbrayton@vetmed.wsu.edu](mailto:kbrayton@vetmed.wsu.edu); [snoh@vetmed.wsu.edu](mailto:snoh@vetmed.wsu.edu)

Return to: Dr. Kelly Brayton/Dr. Susan Noh  
Secretary-Treasurer STVM  
Department of Veterinary Microbiology and Pathology  
Bustad Hall, room 402  
Department of Veterinary Microbiology and Pathology  
Pullman, Washington 99164-7040 USA