STVM Membership Application

Professional______ Professional (LIFDC)______ Student______

Name:______________________________________________________________________________

Professional Affiliation:________________________________________________________________

Mailing Address:_____________________________________________________________________
City:______________________________________________________________________________

State_________________________ Postal Code __________________________________________
Country:___________________________________________________________________________

Business Telephone:_________________________________________________________________
Business Fax:_______________________________________________________________________
E-mail address:_____________________________________________________________________

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 payment through PayPal.

For inquiries and payment information: kbrayton@wsu.edu; smnoh@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