



MEMBERSHIP APPLICATION

To apply for membership in the American Heartworm Society, complete this form and mail with appropriate dues to:

American Heartworm Society, P.O. Box 8266, Wilmington, DE 19803

Please make check or money order payable to the American Heartworm Society

I hereby apply for member status in the American Heartworm Society. As a member, I will have access to all Society benefits, including voting privileges.

Membership Dues - Please Circle One

One Year \$35 Two Years \$70 Three Years \$105 Four Years \$140 Five Years \$175

NAME _____ M _____ F _____

INSTITUTION ATTENDED _____

DEGREE / YEAR _____

AFFILIATION/PRACTICE NAME _____

STATUS (Practitioner, Industry, Research, Retired, Other) _____

ADDRESS _____

CITY/STATE/ZIP/COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____

PREFER QUARTERLY BULLETIN SENT BY MAIL _____ BY EMAIL _____

SIGNATURE _____ DATE _____

American Heartworm Society - Post Office Box 8266
Wilmington, DE 19803-8266