



MEMBERSHIP/RENEWAL APPLICATION

APPLICANT INFORMATION

Name and Degree:

Hosp/Company/Institutional Affiliation:

Street address:

City: State: Country:

Telephone: Fax:

PROFESSIONAL INFORMATION

E-mail Address: Veterinary School:

City: State: ZIP Code:

Board Certification: ACVP ACVD ECVP ECVD Other Cert:

Societies / Organisations AAVD ESVD ESVP AVMA ASD Other:

I am primarily a: Diagnostic Pathologist: Clinical Dermatologist: Other:

I am a: Resident in Pathology: Resident in Dermatology:

PAYMENT DETAILS

I have enclosed a check or money order in the amount of Sixty (60) US dollars or the equivalent (based on current exchange rates) in Euros or my native currency. **Checks for US dollars must be drawn on a US bank.**

am paying \$60 US by: VISA Mastercard Signature:

Card Number: - - - Exp date / (MM/YY)

Security code (the 3 digits on the back of the card)

Address where you receive your credit card statements:

Street address:

City: Country: Postal / ZIP Code:

I would also like you to mail me an ISVD logo pin and have added Ten (10) dollars to my check/money order or approved credit card transaction.

Please mail your completed form to:

ISVD
 C/O Emily J Walder, VMD
 623 Woodlawn Ave
 Venice, CA 90291 USA

If paying by credit card, you can also fax the form to (00-1-) 310-574-3330.
For security reasons, please do not e-mail credit card info.