

The Association of Veterinary Anaesthetists
Registered Charity No 267514
President Secretary
Prof. Yves PS Moens Dr D C Brodbelt

Application for Membership

I offer my name as a candidate for

Full / Affiliate / Intern-Resident / Technician-Nurse / Student
Membership (please tick one)

Motivation / Reason for applying for membership

.....
.....

Qualifications (including degree)

.....

Present Employment

.....

Involvement with Anaesthesia is:

University / Private Practice / Research Institute / Government /
Industry / Other

Involvement with Anaesthesia is:

Large animals Small animals Lab animals Exotic animals

Involvement with Anaesthesia comprises also:

Intensive Care Emergency Medicine General Pain Management
 Other areas.....

Personal Details

Title:.....Surname:First
name:.....

Gender: m / f

Correspondence Address (VAA Journal to be sent to)

.....
.....
.....

Telephone:

Fax:.....

E-mail:

Date:..... Signature

Official confirmation of your Intern/Resident or Student -Status by your Institution must accompany this form

Nominating Member

Being a member of the Association, I nominate

..... as a candidate for AVA membership.

NameCountry of

Residence:.....

E-mailPhone

.....

Date:.....

Signature

.....

Or:

If the nominating member is not working at your institution or practice, the supporting nomination from the AVA member can be sent by email to Ms. Karen Walsh (k.walsh@tesco.net)

Please complete and return to:

Ms. Karen Walsh, AVA Secretary

8 Bellfield

Tanworth in Arden

Solihull

Warwickshire

B 4 5AW

k.walsh@tesco.net

Please DO NOT send payment with this application form.