



help us save paper by renewing your membership early or online!

# AHVMA

American Holistic Veterinary Medical Association

## 2023 membership APPLICATION

2023-2024 Membership Form - Dues Year Begins April 1st and ends March 31st the Following Year

<b>name/details</b>		<b>submit completed application</b>
last		Mail: <b>American Holistic Veterinary Medical Association</b> PO Box 630 Abingdon, MD 21009 Fax: 410.569.2346 Any questions? Please contact AHVMA at 410.569.0795 email:office@ahvma.org
first	middle	
date of birth (mm/dd/yy)	gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unspecified	
<b>educational info</b> <small>complete educational information required for all non-subscriber memberships</small>		
veterinary medical college (college/school if technician)		
veterinary degree	other degree(s)/certification(s)	
veterinary graduation date (mm/yy)		

AHVMA Members should be aware that professional memberships, certifications and other credentials (such as CVC, CVH, CVCH) are the intellectual property of the certifying organization and misuse is not permitted. It is not the responsibility of AHVMA to verify any certifications or memberships, etc. claimed by a member or prospective member. Potential misuse will be referred to the certifying organization for appropriate action.

<b>contact info</b> <small>please complete all sections. choose your preferred mailing address (for AHVMA mailing) and REFERRAL LISTING (for public online directory)</small>	
<input type="checkbox"/> home address (check if preferred mailing address)	<input type="checkbox"/> business (check if preferred mailing address)
address	clinic/organization name
city	address
state/postal code	city
country	state/postal code
home phone	cell
<input type="checkbox"/> phone <input type="checkbox"/> fax DIRECTORY email	
<input type="checkbox"/> online directory listing <input type="checkbox"/> home <input type="checkbox"/> business <input type="checkbox"/> none	<input type="checkbox"/> include corresponding phone in REFERRAL DIRECTORY # <input type="checkbox"/> Y <input type="checkbox"/> N (this will be visible online)

\* **PREFERRED email**  
(required for login)

<b>membership categories</b> <small>only full members are included in AHVMA "Find a Vet" referral directory</small>	<input type="checkbox"/> I am a <b>NEW member</b> , please send me a new member packet.
<b>Member Veterinarian</b> ..... \$320 <i>Graduate Veterinarians, graduated 2020 or before.</i> <b>Retired Veterinarian</b> .....\$150 <i>Formerly a Regular Member for at least 15 consecutive years and is now fully retired from practice, and wishes to continue to receive AHVMA Journal.</i> <b>First Year Graduate (2022)</b> ..... Complimentary <b>Second Year Graduate (2021)</b> ..... Complimentary <b>Veterinary Student</b> ..... Complimentary <i>Must provide Dean's letter or veterinary student ID as proof of current enrollment in AVMA accredited school.</i> <b>SAHVMA Advisor</b> ..... Complimentary <i>Faculty Advisor to an organized National SAHVMA Chapter.</i> <b>Veterinary Technician/Support Staff</b> ..... \$90 <b>Subscriber</b> ..... \$105 <i>Online journal only.</i>	I was referred by: _____ <b>AVMA Info</b> <input type="checkbox"/> I AM an AVMA member. AVMA #: _____ <input type="checkbox"/> I am not an AVMA member.
I would like to DONATE to <b>AHVMA</b> ..... \$ _____ \$10    \$50    \$200    \$500    Other: Not at this time/ I have already donated I would like to DONATE to <b>SAHVMA</b> ..... \$ _____ * Donations are tax deductible. If you would like to make a recurring donation, please contact us at office@ahvma.org.	<b>other organizations</b> please list other veterinary associations/organization of which you are a member: <b>State Veterinary Association:</b> _____ _____

I would like to DONATE to **AHVMA** ..... \$ \_\_\_\_\_  
 \$10    \$50    \$200    \$500    Other:  
 Not at this time/ I have already donated  
 I would like to DONATE to **SAHVMA** ..... \$ \_\_\_\_\_  
 \* Donations are tax deductible. If you would like to make a recurring donation, please contact us at office@ahvma.org.

**AHVMA ASSOCIATE MEMBERSHIP**  
 Businesses or non-profit organizations directly related to the Mission of AHVMA. Not available for veterinary clinics, hospitals or practicing veterinarians. Includes business listing in online Associate Directory. Contact us for application and list of benefits!

<b>TOTAL Dues</b> (and donation if applicable) ..... \$ _____	<b>payment method</b> <input type="checkbox"/> amex <input type="checkbox"/> mc <input type="checkbox"/> visa <input type="checkbox"/> disc <input type="checkbox"/> check # _____
name on card _____	signature _____
card # _____	
exp _____	cvv code _____ billing postal code _____
<input type="checkbox"/> I request <b>AUTOMATIC RENEWAL</b> of my dues each year and authorize AHVMA to keep my credit card # on file (initial) _____	



The AHVMA Office maintains an online referral directory for Member Veterinarians, which lists all contact information and modalities practiced. It is available to the public online at [www.ahvma.org](http://www.ahvma.org). If you are a Licensed Practicing Veterinarian who currently utilizes at least one holistic modality, are accepting new clients, and would like to be included in our referral directory, we request that you complete the form below. The accuracy of the information provided is your responsibility. If any of your information changes, you must submit a new form or update your profile online.

Dues must be current by April 1st each year to remain on the directory, though we allow a 30-day grace period before your listing is removed.

Please type or print CLEARLY. Fill in all information you wanted listed in the directory. Remember, this is referral information, so the contact information you give should be related to your business (in other words, don't list your home address or phone number unless you want it in the directory.). Check all of the "Practice Type" and "Modalities Used" categories that apply to you.

<b>referral directory</b>			
name		phone	
clinic name		fax	
address		email	
city	state/province	zip/postal	country
<a href="http://www.ahvma.org">www.ahvma.org</a>			website

<b>practice type</b>	<input type="checkbox"/> small animal	<input type="checkbox"/> equine	<input type="checkbox"/> exotic	<input type="checkbox"/> avian	<input type="checkbox"/> large animal	<input type="checkbox"/> house calls
<b>modalities used</b>						
<input type="checkbox"/> Acupuncture certification ( <i>check all that apply</i> ) <input type="checkbox"/> Chi Inst <input type="checkbox"/> CuraCore <input type="checkbox"/> IVAS <input type="checkbox"/> Other: _____	<input type="checkbox"/> Herbs, Chinese	<input type="checkbox"/> Herbs, Western	<input type="checkbox"/> Glandular Therapy	<input type="checkbox"/> Ozone Therapy	<input type="checkbox"/> Prolotherapy	<input type="checkbox"/> Pulsating Magnetic Therapy
<input type="checkbox"/> Applied Kinesiology	<input type="checkbox"/> Homeopathy	(check all that apply) <input type="checkbox"/> Classical <input type="checkbox"/> AVH Certified		<input type="checkbox"/> Reiki	<input type="checkbox"/> Veterinary NAET	<input type="checkbox"/> Veterinary Orthopedic Manipulation
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Homotoxicology		<input type="checkbox"/> Immuno-Augmentive Therapy	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Bach Flower Remedies	<input type="checkbox"/> Laser Therapy					
<input type="checkbox"/> Chiropractic certification ( <i>check all that apply</i> ) <input type="checkbox"/> AVCA <input type="checkbox"/> CSU <input type="checkbox"/> HOWC	<input type="checkbox"/> Magnetic Therapy					
<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Massage Therapy					
<input type="checkbox"/> Color Therapy	<input type="checkbox"/> Nutraceuticals					
<input type="checkbox"/> Conventional Medicine	<input type="checkbox"/> Nutrition					
<input type="checkbox"/> Essential Oils	<input type="checkbox"/> Osteopathy					
<input type="checkbox"/> Flower Essences	<i>Optional Information</i> Do you have any Board Certifications? If yes, please list: _____					

<b>AHVMA Member Benefits</b>	Your membership pays for itself. AHVMA dues are approximately 100% return on investment for each client referral.
<p>In addition to inclusion in the <a href="#">AHVMA online referral directory</a> Member Veterinarians receive the following benefits:</p> <ul style="list-style-type: none"> <li>• Deeply Discounted Registration to AHVMA Conferences</li> <li>• Representation in the AVMA House of Delegates</li> <li>**You will be required to log in to access benefits below**</li> <li>• Access to Natural Standards Database (over a \$200 value)</li> <li>• Members-only webpages</li> <li>• Unlimited Online Access to JAHVMA (<i>Journal of the American Holistic Veterinary Medical Association</i>)</li> <li>• Annual Conference Proceedings (<i>includes access to archived proceedings</i>)</li> <li>• AHVMA e-Newsletters</li> <li>• AHVMA Member Vets in the contiguous US receive discounted titer testing from the Kansas State University Veterinary Diagnostic Lab (KSVDL).</li> </ul>	<p><b>submit completed application</b></p> <p>Mail: <b>American Holistic Veterinary Medical Association</b> PO Box 630   Abingdon, MD 21009 Fax: 410.569.2346   Phone: 410-569-0795   Email: <a href="mailto:office@ahvma.org">office@ahvma.org</a></p> <p><i>Save the Dates</i> <b>AHVMA2023</b> October 7-10 <i>Save the Dates</i> Town and Country Resort San Diego, CA</p> 

AHVMA is a 501(c)(3) organization. Your dues and donations may be tax deductible; please check with your accountant.