

# Australian Small Animal Veterinary Association Membership Application Form (For current AVA members)



Title \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Practice name (if applicable): \_\_\_\_\_

Qualification(s): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ University: \_\_\_\_\_

Special Interest(s): \_\_\_\_\_

**Please circle the appropriate Annual Subscription Rate (GST included) below:**  
(YOU MUST BE A MEMBER OF THE AVA TO JOIN THE ASAVA)

Full Membership	\$182.45
Year 1, 2 & 3 Graduate	\$91.20
Student	\$24.25
Overseas	\$165.85

I am a financial member of the AVA \_\_\_\_\_ (AVA member number)

I wish to join the ASAVA \_\_\_\_\_ (signature required)

## Payment Method

Cheque       Money Order

MasterCard       Visa       Diners

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

**Australian Small Animal Veterinary Association**  
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