



American Association of Equine Practitioners
MEMBERSHIP APPLICATION

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Section I. MEMBERSHIP REQUIREMENTS AND CATEGORIES

Please check the category type for which you are applying:

- Regular Member:** To qualify, applicant must be a resident or citizen of the United States or Canada who is a graduate from a college or school of veterinary medicine or is licensed in good standing to practice veterinary medicine in the United States or Canada. *Applicant must provide a photocopy of his/her diploma or license.*
- International Member:** To qualify, applicant must be a citizen of a country other than the United States or Canada who is a graduate from a college or school of veterinary medicine or is licensed in good standing to practice veterinary medicine in his/her country. *Applicant must provide a photocopy of his/her diploma or license.*
- Student Member:** To qualify, applicant must be a student currently enrolled in a college of veterinary medicine.
- Recent Graduate Member:** To qualify, applicant must have graduated from a college or school of veterinary medicine within three years from date of application and be licensed in good standing to practice veterinary medicine. *Applicant must provide a photocopy of his/her diploma or license.*
- Resident Member:** To qualify, applicant must be currently enrolled in a residency program with a focus of equine medicine/research. *Applicant must provide an annual letter from an advisor confirming residency status; renewable up to four years.*

Section II. GENERAL INFORMATION (all membership types must complete) Please type or print legibly.

Mr. Ms. Mrs. Dr. _____
(circle one) First, Middle Initial, Last, Suffix

Designation (e.g. DVM, Ph.D.): _____ Practice Name: _____

Mailing address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone (Work): _____
(listed in AAEP Member Directories)

Phone (Home): _____ Fax: _____

E-Mail: _____ Do not publish e-mail address in AAEP directories.
(necessary for receipt of AAEP e-newsletters) Web site: _____

Gender M/F Birth date: ___/___/___ Veterinary school: _____ Graduation year: _____
(circle one) (mm/dd/yy)

Section III. PROFESSIONAL/PRACTICE SURVEY (students are exempt from completing this section)

- A. Percentage of practice devoted to equine veterinary medicine: (select one)
- Less than 25 % 25 – 49 % 50 – 74 % 75 – 99 % 100 %

- B. If not equine-only, type of non-equine work: (select as many as are applicable)
- Bovine Small ruminants Birds Other
 Companion animals Swine Exotic and wildlife

C. Primary type of equine practice: (select up to three)

- Racetrack Pleasure/Farm Work/Ranch
 Reproduction Performance Other

D. Modalities of interest: (select as many as are applicable)

- Acupuncture/Acupressure Epidemiology Neurology Practice Management
 Anesthesiology Gastroenterology Nutrition Reproduction/
 Behavior Genetics Oncology Theriogenology
 Cardiology Geriatrics Ophthalmology Respiratory
 Chiropractics Homeopathy/
 Dentistry Holistic Medicine Orthopaedics Sports Medicine
 Dermatology Immunology Pathology Surgery
 Diagnostic Imaging Infectious Disease Pharmacology Toxicology
 Podiatry/Farriery Other

E. Current Position: (Select one)

- Practice Owner – Sole Proprietor Associate Temporary/No Permanent Position Government/
 Practice Owner – Partnership Intern Educator/Academic Regulatory Official
 Resident Industry Relations Retired
 Other

F. If board certified, please list affiliations: _____

G. Please attach a description of disciplinary actions taken against any license pertaining to the practice of veterinary medicine within the past 36 months. If none, the AAEP will assume no action was taken.

Section IV. PAYMENT INFORMATION (all membership types must complete)

Regular or International Membership Membership dates: July 1 – June 30	\$345 – applying July 1 – Dec. 31 \$200 (half-year) – applying Jan. 1 – June 30 (includes \$50 initiation fee, \$295/\$150 dues)
Student Membership Membership dates: Sept. 1 – Aug. 31	\$35 (Student members do <u>not</u> receive EVE scientific journal.)
Recent Graduate Membership Membership dates: July 1 – June 30	\$125 – graduated within 1 year from application date. \$200 – graduated between 1 and 2 years from application date. \$275 – graduated between 2 and 3 years from application date. (includes \$50 initiation fee and discounted dues)
Resident Membership Membership dates: July 1 – June 30	\$175 (includes \$50 initiation fee, \$125 dues)

All amounts are in U.S. dollars and, unless noted, include a \$40 subscription to *Equine Veterinary Education (EVE)*.
 Payments drawn on banks outside the U.S. must be made by International Money Order.
 Membership is non-transferable, and, upon approval, fees are non-refundable.

I am enclosing the required documentation (e.g. license, diploma, etc.) and my total payment of \$ _____ by:

Check # _____

Credit Card: (select one) MasterCard American Express VISA

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

As a condition of granting membership in AAEP, applicants shall abide by the AAEP's Ethical and Professional Guidelines, bylaws and the procedures of their enforcement. Applicants authorize the AAEP and any of its committees to release, for educational purposes with names deleted, the facts and finding of any complaints filed with the Professional Conduct and Ethics Committee. I hold harmless and release AAEP, its officers, directors, employees, agents or others acting on behalf of AAEP, from any and all liability arising out of the acceptance or rejection of this application and the suspension or termination of membership. I hereby declare that all statements contained in this form are true and correct and that I have not suppressed or misstated any facts.

Applicant's Signature _____ Date _____