

# STVM Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_ Student \_\_\_\_\_

Name: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_

State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May your name and address be released to vendors? Yes \_\_\_\_\_ No: \_\_\_\_\_

Education: Degree \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Interest/ Research Areas:

\_\_\_\_\_

Geographic areas of interest and/or experience:

\_\_\_\_\_

Membership Year (Jan 1 - Dec 31), Two Year Membership:

US\$80 for Professional \_\_\_\_\_

US\$40 for Professional from countries on the FAO LIFDC List \_\_\_\_\_

(<http://www.fao.org/docrep/meeting/004/y6691e/y6691e00.htm> )

US\$20 for Student \_\_\_\_\_

Payment: Cash , Check in \$US drawn on a United States Bank or International Affiliate of a US bank or credit card.

Credit Card : VISA \_\_\_\_\_ Master Card \_\_\_\_\_ Discover Card \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

For inquiries and payment information: [Edmour.Blouin@okstate.edu](mailto:Edmour.Blouin@okstate.edu); [Katherine.Kocan@okstate.edu](mailto:Katherine.Kocan@okstate.edu)

Return to: Dr. Edmour Blouin/Dr. Katherine Kocan  
Secretary-Treasurer STVM  
Department of Veterinary Pathobiology  
250 McElroy Hall, Center for Veterinary Health Sciences  
Stillwater, Oklahoma 74078-2007 USA

