



PROMOTING EXCELLENCE  
www.faep.net info@faep.net

## DVM Membership Application

Company Name \_\_\_\_\_

Name \_\_\_\_\_

Equine Specialty \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Facsimile \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

License # \_\_\_\_\_ Birth Date \_\_\_\_\_

Please answer the following:

Would you like to become a relief vet? \_\_\_\_\_

What dates would you be available? \_\_\_\_\_

Would you like to become a mentor? \_\_\_\_\_

Would you like to write for the FAEP Newsletter? \_\_\_\_\_

New members will receive a logo shirt sponsored by the FAEP. Please indicate size, color, and style (Polo/Oxford) Style \_\_\_\_\_ Size \_\_\_\_\_ Color \_\_\_\_\_

Amount of membership: \$275.00

Processing Fee: \$ 25.00

Total \$ \_\_\_\_\_

Credit Card Type (Visa/MC/AmEx Only) \_\_\_\_\_

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

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

Security Code \_\_\_\_\_

Would you like automatic yearly renewal? \_\_\_\_\_

Signature \_\_\_\_\_

All Memberships are for one calendar year. Board of Directors must approve all new members.