



PROMOTING EXCELLENCE

www.faep.net
info@faep.net

Student Membership Application

Student Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Facsimile _____

E-Mail _____

Veterinary School _____

Planned Year of Graduation _____

What equine fields are you interested in? _____

Individual: I understand that by providing the fax number above/e-mail I hereby consent to receive faxes/e-mails sent by or on behalf of the Florida Association of Equine Practitioners.

Amount of membership: **\$25.00**

Credit Card Type (Visa/MC/AmEx Only) _____

Card Number _____

Expiration Date _____

Security Code _____

Would you like automatic yearly renewal? _____

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

Signature _____