



A.V.A.C.

Association of Veterinary Acupuncturists of Canada
Association des Vétérinaires Acupuncteurs du Canada

P.O. Box 32497, Vaudreuil-Dorion, QC Canada J7V 9V2

(450) 200-0782 office avac@videotron.ca www.avacanada.org

AVAC Membership Renewal / New Member Application Form July 1, 201- – June 30, 2020

****Your AVAC membership renewal automatically includes IVAS membership renewal****

AVAC \$90 + IVAS \$110 + \$30 surcharge/exchange rate (IVAS dues are paid in US funds) = \$230.00

****New fields are in bold, please fill these so we can add the information to our website.**

<u>INFORMATION</u>		Fill this in if there are changes or corrections	Mailing Address Y or N	Include on AVAC website? Yes No	
NAME					
ADDRESS (WORK)					
TELEPHONE (WORK)					
CLINIC / VETERINARIAN WEBSITE. (if you want it listed)					
ADDRESS (HOME)					
TELEPHONE (HOME)					
CELLPHONE					
FAX					
EMAIL					
MEMBERSHIP CATEGORY (Active or Associate)		IVAS CERTIF. #	AVAC Ref. MEMBER :		
SPECIES TREATED: Please check those that apply	Small animal ___ dogs ___ cats	___ Equine ___ Farm animals.		___ Exotic pets	
DO YOU OFFER HOUSECALLS?	___ Yes ___ No ___ May be available	Publish housecall info to website? ___ Yes. ___ No			

Please check that your application includes:

- A copy of your current provincial or state veterinary licence
- A cheque/money order payable to AVAC for **\$230.00** (Canadian funds)
- The number of education hours granted by IVAS that you have received during July 2017 – June 2019 (for ACTIVE members) **AND COPIES OF CERTIFICATE OF ATTENDANCE**
- **BOTH** pages of application form filled out **CLEARLY**.

Send to A.V.A.C by June 27, 2019

Registration Fee: \$230.00 CDN for both Active and Associate members

PAYMENT: Cheque No: _____ or E-transfer by email to Dr. Allyson McDonald at allyson@macdonaldmvs.ca (answer to the security question MUST be **AVAC2019**)

DO YOU WANT A PAPER CERTIFICATE OF MEMBERSHIP? YES _____ NO _____ (You will receive an electronic copy)

Would you like a free window decal for your clinic? YES _____ NO _____

CONTINUING EDUCATION HOURS:

To maintain your Active/Certified membership you must complete 10 hours of IVAS recognized C.E. hours during the past 24 months (July 2017 – June 2019). **NEW**You do not need to mail in forms but may be required to provide them upon request. ****

Name of event/organization	Dates (DD/MM/YY)	City/Province or State/Country	CE Hours

I certify that I have attended the C.E. sessions as listed above. I certify that I have a current valid licence to practice veterinary medicine and am a member in good standing in my province/state/country.

Signature: _____ Date: _____

Active member = Veterinarian; meets IVAS certification requirements; acquired at least 10 hours of C.E. in the past 24 months.

Associate member = Veterinarian; has not completed all of IVAS certification requirements &/or has not acquired 10 hours of C.E. in the past 24 months.