



Membership Application

(Please type or print)

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Complete this form and mail it to EBVMA, PO Box 5444, Mississippi State, MS 39762. Depending on the type of membership, dues and a letter of recommendation may be required (see next page).

I, _____ (first, middle initial, last name) apply for membership in the Evidence-Based Veterinary Medicine Association and agree to abide by the EBVMA Constitution and Bylaws <www.ebvma.org>. I am enclosing my annual membership dues in the form of a check payable to "EBVMA" or by one of the alternative methods provided on the last page of this form. The (given) name I prefer to be called is _____

Work-name: _____

Work-address: _____

Business phone number _____ FAX number _____

Cellular phone number _____

email address _____

Present title and position

Areas of interest/expertise

Academic degrees

Board certifications

Memberships in professional associations

Membership categories (*check one*)

- Standard Member.** Must be a graduate of an accredited veterinary college or a non-veterinarian actively engaged in some aspect of evidence-based veterinary medicine. **Application must include a letter of recommendation from one EBVMA member in good-standing.** Annual dues: \$35.
- *Student member.** This includes individuals enrolled in a DVM/VMD or equivalent degree program, and individuals enrolled in a master's degree, doctoral degree, residency or intern program related to veterinary medicine. Dues shall be determined by the Board of Directors. Membership shall continue to the end of the calendar year of graduation, during which time they may apply by letter to the EBVMA office for conversion to Standard Member status. Annual dues: \$0.
- * What is your expected date of graduation? _____
- Honorary member.** Includes veterinarians or scientists who do not fit the description of a Standard Member (as stated above) and have made unusually significant contributions to the field of evidence-based medicine. Nominations for honorary membership can be made by any Standard Member or Charter Member and shall be forwarded to the Executive Secretary. Nominations should include all pertinent information about the individual and her/his qualifications. The Board of Directors will select no more than two Honorary Members in any one year. An Honorary Member shall not be required to pay any dues or assessments.
- Retired member.** Upon entering retirement, a member in good standing may become eligible for retired membership if said member requests in writing to the Board of Directors to be considered a Retired Member. Retirement is interpreted to mean that the member has retired from major gainful employment. Dues for Retired Members shall be either none or shall be at a reduced rate. Annual dues: \$0.

Employer/Employment categories

Employer type (*check one*)

- armed services
 college or university
 drugs or biologics industry
 corporate, other
 education
 govt (federal or dominion)
 govt (state, provincial, or local)
 veterinary practice
 self-employed, other
 other (*specify below:*)
- _____

Employment type (*check all that apply*)

- administration
 consultant
 diagnostic
 extension
 informatics
 library
 management
 public health
 regulatory
 research
 sales or service
 teaching
 technical service
 veterinary practice
 other (*specify below:*)
- _____

Dues (*check one*):

None required of 1) non-voting (retired, student) members as long as they retain that status, or 2) of those voting members who join during a biennial symposium (for the remainder of that fiscal year only)

I am enclosing a check payable to “EBVMA”

Note: If you are paying dues with non-US dollars, suggest 1) using one of the two PayPal options below to avoid extra fees, or if PayPal refuses to accept your payment 2) contact Roy Montgomery (montgomery@cvm.msstate.edu) and he will invoice you through PayPal.

I have deposited the required amount using the PayPal button located at <http://www.ebvma.org/membership.html>

I have made a deposit to the Association’s PayPal Account from my personal account. [To do this, you must have or establish a PayPal Account (at www.PayPal.com), then log-in and select “Send Money.” Our email for this purpose is ebvma@cvm.msstate.edu]

Letter of recommendation (*check one*):

I have arranged for this with _____ (member’s name).
NOTE: Please ask the member to send this electronically to (montgomery@cvm.msstate.edu).

I have reviewed the EBVMA Member Directory at www.ebvma.org and, at this point, I do not know any EBVMA members listed there. Therefore, I am requesting assistance with this.

None required of 1) student members, or 2) of those who join during a biennial symposium.

Directory of Voting (Charter, Standard) Members. If accepted as a member, I agree to have my name, name of my employer/business, location of employer/business, and my email address listed on the EBVMA Website (www.ebvma.org)

(*check one*)

yes

no

Also, if accepted as a member, I agree to pay all assessed dues as long as I remain a voting member of the Association and understand that failure to pay assessed dues within six months will be grounds for disassociating me from the EBVMA.

(Signature)

(Date)