



AVAC

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

AVAC Membership Application Form July 1, 2020- June 30, 2021

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| NAME | |
| ADDRESS (work) | |
| TELEPHONE (work) | |
| CLINIC NAME (if applicable) | |
| Clinic or work web address | |
| Species of interest (list all), house call services | |
| EMAIL (work) | |
| MEMBERSHIP CATEGORY: <i>Associate or Active</i> | <input type="checkbox"/> Active member = Veterinarian; meets IVAS certification requirements; acquired at least 10 hours of C.E. in the past 24 months <input type="checkbox"/> Associate member = Veterinarian; has not completed all of IVAS certification requirements And /or has not acquired 10 hours of C.E. in the past 24 months |
| Please advise us if any changes are needed in your AVAC online listing | |
| Web Listing Type Limited or Complete | <input type="checkbox"/> Limited: includes veterinarian's name, city and e-mail <input type="checkbox"/> Complete: includes all information on this form |

If this is a new membership application, please scan and forward a copy of:

- Your current provincial or state veterinary licence
- Your IVAS, Chi, or Curacore Certificate (ACTIVE membership applicants) and the hours of CE granted by IVAS that you have received since last renewal (ACTIVE membership applicants; newly certified applicants exempt)

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

please check one

____: Cheque has been mailed

____: Moneris online payment. Payment number: _____

Membership bonuses:

YES, please send me a paper certificate suitable for framing and display _____

YES please send me a free window decal for my clinic _____

****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

CONTINUING EDUCATION HOURS: Not required for Associate members

Active/Certified members must complete 10 hours of IVAS recognized C.E. during the past 24 months (June 2018 –2020).

You do not need to mail in the details but please retain records for randomly performed audits

I certify that I have completed 10 hours of IVAS recognized C.E. hours during the past 24 months and retain the certificates to confirm this should I be audited. Initial here: _____

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: _____