National Association of State Public Health Veterinarians, Inc.

2011 Membership APPLICATION (for new or renewing members)

First Name _____ MI ____ Last Name _____ Degrees _____

Title/Position _____

☐ Check here if you are the Designated State Public Health Veterinarian for your state

Agency _____

Division/Bureau/Program _____

Address (line 1) _____

Address (line 2) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Application type: ☐ Renewal ☐ New membership

Check One:

☐ * Active Membership $50.00/yr. ☐ Associate Membership: $25.00/yr. ☐ Emeritus (free)

☐ Student (free) ##School: _____

Expected graduation date (mm/yy): _____

Please make check payable to "NASPHV" and return with this form to:

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Minnesota Department of Health
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Fax: 651-201-5082
Email: joni.scheftel@state.mn.us

*Note: Designated State Public Health Veterinarians and other veterinarians employed in state health departments are now Active Members. See Constitution and Bylaws at www.nasphv.org for more information.