



National Association of State Public Health Veterinarians

### Membership Application

Date: \_\_\_\_\_

for new or renewing members

\_\_\_\_\_

*First name*

*Initial*

*Last Name*

*Degrees*

\_\_\_\_\_

*Title/Position*

Check here if you are the designated State Public Health Veterinarian for your state:

\_\_\_\_\_

*Agency*

\_\_\_\_\_

*Division/Bureau/Program*

\_\_\_\_\_

*Address 1*

\_\_\_\_\_

*Address 2*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*Zip*

\_\_\_\_\_

*Phone*

\_\_\_\_\_

*Fax*

\_\_\_\_\_

*E-mail address*

*New membership*

*Renewal*

Please choose New or Renewal, and one membership type below

*Active membership*

\$75 per year

*Associate membership*

\$50 per year

*Emeritus membership*

Free

*Student membership*

\$20 per year

\_\_\_\_\_

*School*

\_\_\_\_\_

*Graduation date*

**Note:** Designated state public health veterinarians and other veterinarians in state health departments are now Active Members. See constitution and bylaws at [nasphv.org](http://nasphv.org) for details.

If paying by check, make payable to NASPHV and return to:

Betsy Schroeder, DVM, PhD, MPH, DACVPM

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