



ISDVMA

Application for Membership

Application Type: Voting Member Associate Member
This is for a: New Member Renewal Member

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Please include me in the membership directory.

For voting membership, please briefly outline your experience as a sled dog veterinarian and the races that you have participated in as a trail veterinarian:

Payment information:

- \$60.00 USD New Member
- \$45.00 USD Renewal Membership
- \$500.00 USD Life Membership

Check, payable to ISDVMA, in US Dollars, mailed with form

Credit Card: VISA MasterCard (mail or fax)

Card #: _____ Expiration Date: _____

Signature: _____

Mail to: ISDVMA
P.O. Box 828
Putney, Vt. 05346

Fax to: 1-802-257-0649