



Membership Application – MAIL and CHECK PAYMENT ONLY
AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS

K. Fred Gingrich II, D.V.M. - Executive Vice President

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Telephone: 419-496-0685

I hereby make application for membership in the AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS and agree to abide by its bylaws and to support its objectives. Enclosed is \$150 US in payment of annual dues. Members outside of the United States must pay by credit card online or by calling the AABP office.

To pay by credit card, log on to www.aabp.org/store/paydues_newmember.asp

PLEASE PRINT

NAME _____
Last First Middle Initial

COMPANY NAME _____

ADDRESS _____
Street/PO Box

City State/Province Postal Code Country

TELEPHONE _____ EMAIL _____ GENDER M / F

By checking this box, I certify that I am a licensed veterinarian.

VETERINARY SCHOOL ATTENDED _____ YEAR OF GRADUATION _____

SPECIALTY BOARD CERTIFICATION/ADVANCED DEGREES _____

Employer Type Codes (please circle one)

- 01 – Academia
- 02 – Government
- 05 – Armed Forces
- 06 – Private Practice Owner
- 07 – Private Practice Employee
- 08 – Retired
- 09 – Industry
- 15 – Veterinarian Producer
- 20 – Staff Veterinarian
- 30 – Other _____

Practice Percentage

- Beef Cow/Calf _____
- Beef Stocker _____
- Feedlot _____
- Dairy _____
- Other Food Animal _____
- Companion/Equine _____