



Student Membership Application

AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS
K. Fred Gingrich II, D.V.M. - Executive Vice President
1130 East Main St., Ste. 302, Ashland, OH 44805
Telephone: 419-496-0685 Fax: 419-496-0687

I hereby make application for student membership in the AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS and agree to abide by its bylaws and to support its objectives. Enclosed is \$20.00 (U.S.) in payment of annual dues.

PLEASE PRINT OR TYPE.

1. DATE _____

2. NAME _____
Last First Middle Initial

3. SEX (optional) _____ 4. SPOUSE NAME (if applicable) _____

5. ADDRESS _____
Street City State Zip Code

6. TELEPHONE _____ 7. FAX _____

8. E-MAIL _____

9. SCHOOL _____ 10. YR. OF GRAD _____

PAYMENT INFORMATION

Payment must be in U.S. dollars. Do not send cash. Visa, Mastercard or AMEX are accepted. Mail or fax this form and payment to AABP, 1130 East Main St., Ste. 302, Ashland, OH 44805; fax: 419-496-0697.

Check # _____ OR Visa/Mastercard/AMEX # _____

Cardholder Name _____

Expiration Date _____ / _____ Authorized Signature _____
month year