



Student 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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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 \$20 US in payment of annual dues. Members outside of the United States must pay by credit card online or by calling the AABP office.

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 enrolled in an AVMA-accredited veterinary college.

VETERINARY SCHOOL _____ YEAR OF GRADUATION _____

ADVANCED DEGREES _____