International Society of Veterinary Dermatopathology
Advancement of veterinary and comparative dermatopathology

MEMBERSHIP/RENEWAL APPLICATION

APPLICANT INFORMATION

Name and Degree:		
Hosp/Company/Institutional Affiliation:		
Street address:		
City:	State:	Country:
ZIP Code:	E-mail Address:	
Telephone:	Fax:	

PROFESSIONAL INFORMATION

Veterinary School:			Year Graduated:			
Board Certification:	ACVP ☐	ACVD ☐	ECVP ☐	ECVD ☐	Other Cert:	
Societies / Organisations	AAVD ☐	ESVD ☐	ESVP ☐	AVMA ☐	ASD ☐	Other:
I am primarily a:	Diagnostic Pathologist: ☐		Clinical Dermatologist: ☐			Other:
I am a:	Resident in Pathology: ☐ (FREE)		Resident in Dermatology: ☐ (FREE)			

n.b. Residents must include a letter from their supervisor confirming residency status and providing projected date of completion of residency program.

PAYMENT DETAILS

☐ I have enclosed a check or money order in the amount of Eighty (80) US dollars or the equivalent (based on current exchange rates) in Euros or my native currency. Checks for US dollars must be drawn on a US bank.

am paying $80 US by:	☐ VISA	☐ Mastercard	Signature:
Card Number: - - -			Exp date / (MM/YY)
Security code (the 3 digits on the back of the card)			
Address where you receive your credit card statements:			
Street address:			
City:	Country:		Postal / ZIP Code:

☐ I would also like you to mail me an ISVD logo pin and have added Ten (10) dollars to my check/money order or approved credit card transaction.

Please mail your completed form to:

ISVD
C/O Emily J Walder, VMD
623 Woodlawn Ave
Venice, CA 90291 USA

If paying by credit card, you can also fax the form to (00-1-) 310-574-3330.
For security reasons, please do not e-mail credit card info.