



**ALBERTA VETERINARY MEDICAL ASSOCIATION
2011 APPLICATION FOR STUDENT MEMBERSHIP**

Please indicate (✓) which type of membership you are applying for:		
<input type="checkbox"/>	Animal Health Technology Student	- A student currently enrolled in a program leading to a diploma in Animal Health Technology or an equivalent at a school recognized by the Canadian Veterinary Medical Association - ABVMA dues \$50.00 (+ \$2.50 GST) + AAAHT dues \$50.00 (GST included) Total = \$102.50 for the duration of your AHT course <i>(Approved applicants will automatically become student members of the Alberta Association of Animal Health Technologists)</i>
<input type="checkbox"/>	Non-Final Year Veterinary Student	- A student currently enrolled in a recognized veterinary degree program, and not having entered the final year of study - DVM student member \$50.00 (+ 2.50 GST) = \$52.50 per year
<input type="checkbox"/>	Final Year Veterinary Student	- A student currently enrolled in the final year of study in a recognized veterinary degree program - DVM student member \$50.00 (+ 2.50 GST) = \$52.50 per year

DATE: _____

INCOMPLETE APPLICATION WILL BE RETURNED UNPROCESSED

To The Registrar:

I hereby make application for membership with the Alberta Veterinary Medical Association, and in this regard:

I _____
First Name
Middle Name
(Please print name in full)
Surname

of _____
Student Street Address, City, Province & Postal Code
(Please print address in full)

PHONE # _____

DO SOLEMNLY DECLARE:

1. That I was born on _____ in _____
(Month/Day/Year)
(City, Province, Country)

2. That I am:
 (i) a Canadian Citizen ()
(Provide documentation of one of the following: Valid Canadian Passport, Canadian Birth Certificate)

Or
 (ii) lawfully admitted into and entitled to work in Canada ()
(Provide documentation of Canadian SIN #, Canadian Work Visa, or Canadian Permanent Resident Visa)

3. That I am able to communicate in English ()

4. That I will receive () or have received () the following degree(s) or Diplomas:

- (a) _____ From _____ in _____
 Degree/Diploma University/College Year
- (b) _____ From _____ in _____
 Degree/Diploma University/College Year
- (c) _____ From _____ in _____
 Degree/Diploma University/College Year

5. That I have () have not () been convicted of any offence or presently face outstanding charges under the Criminal Code of Canada, the Narcotic Control Act, the Food and Drugs Act, or similar legislation in any jurisdiction. *(Attached hereto are full particulars of all such offences, if any).*
6. That I do () or do not () use any of the substances listed in Schedules G & H of the Food and Drugs Act, or any of the substances listed in the Schedule to the Narcotic Control Act. Further, I am not presently incapacitated due to addiction to alcohol or by other circumstances. *(Attached hereto are full particulars of my use, if any, of the aforementioned substances).*
7. That I hereby authorize the Alberta Veterinary Medical Association to make those inquiries that it deems relevant to my Application for Membership in the Alberta Veterinary Medical Association from those Educational Institutions that I have attended and those Professional Associations of which I am or have been a member. I also hereby authorize those Educational Institutions and Professional Associations to provide to the Alberta Veterinary Medical Association all such information requested by it.
8. That I also authorize the Alberta Veterinary Medical Association to use any legal means to verify the statements on this application and authorize the release of such information from those relevant organizations or agencies. Should there be fees assessed by any of the above it will be at my expense.
9. That I will undertake to practise the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, the Regulation, Guidelines and Bylaws of the Alberta Veterinary Medical Association, and in so doing uphold the honour and dignity of the veterinary profession.

Personal Information (Mandatory)

Personal Information

In accordance with ABVMA information Policy, this information is required for ABVMA and AAAHT Member Roster purposes only. It will be used to contact you regarding individual membership matters and will not be distributed to the public.

Home Mailing Address: *(physical street address preferred)*

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Fax Number: _____

******Email:*** _____

******Please note the home contact information above is where ALL ABVMA correspondence will be directed to. If your address changes you are required to inform the ABVMA Office in writing to ensure that you receive correspondence.*** ***

Are you currently employed or intend to be employed by a Certified Veterinary Facility?

() Yes () No

If yes please indicate:

➤ Name of the clinic: _____

➤ Address of the Clinic: _____

➤ From (*date*): _____,

To: _____.

**CONSENT TO EMPLOY A STUDENT MUST BE COMPLETED AND
SUBMITTED TO THE ABVMA PRIOR TO COMMENCING EMPLOYMENT**

Signature of Student Applicant

ABVMA OFFICE USE ONLY:

Approved: _____ Date: _____
(Registrar)

In order to ensure timely processing, this application must include the following:

- A **FULLY** completed application form
- **Proof of Citizenship-provide a copy of one of the following:**
 - Valid Canadian Passport, Canadian Birth Certificate, Canadian SIN card, Canadian Work Visa, or Canadian Permanent Resident Visa*
- **Applicable Membership Dues**
 - *Membership Dues are stated on a separate page with a break down. If unsure of the amount to send please contact the ABVMA office.*
 - *Payment may be made by Visa, MasterCard, Money Order or Personal Cheque (a fee of \$78.75 will be assessed on all NSF payments)*

**PAYMENT MAY BE MADE BY:
CHEQUE/MONEY ORDER/ VISA/MASTERCARD**

**PAYMENTS ARE PAYABLE TO:
ALBERTA VETERINARY MEDICAL ASSOCIATION (ABVMA)**

PLEASE COMPLETE IF PAYING BY CREDIT CARD:

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRY DATE: _____

Please note: Applications will not be processed until Membership fees are received

An application will remain open for 6 months from the date of receipt of the application, and if not completed within that time, will be recorded as denied licensure for failure to complete application requirements.

TO ENSURE TIMELY PROCESSING OF THIS APPLICATION WE ASK THAT YOU PROVIDE ALL NECESSARY INFORMATION AS STATED ABOVE. INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY OF PROCESSING.

Please return all documentation to the:
**Alberta Veterinary Medical Association,
 950 Weber Centre, 5555 Calgary Trail NW
 Edmonton, Alberta, T6H 5P9
 Phone: (780) 489-5007 Fax: (780) 484-8311**