

WORLD ASSOCIATION FOR THE ADVANCEMENT OF VETERINARY PARASITOLOGY

Membership Application or Renewal

I wish to apply for /renew membership in the WAAVP and agree to abide by the statutes of the Association.

Attach business card or type.

Title	
Last Name (Surname)	
First Name (Given Name)	
Affiliation	
Address	
Address	
City	
State/Province	
Postal Code	
Country	
Telephone	
Fax	
E-mail	
Special Interests/ Areas of Research	

The annual individual membership fee is US **\$15.00**/year; multiple years may be paid for at one time. Indicate years paid for:

__ 2007 __ 2008 __ 2009 __ 2010 __ 2011 __ 2012 __ 2013 __ 2014 __ 2015 __ 2016

Credit Card: Visa MasterCard US\$ amount to charge: _____

Name on Card:																					
Card Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Security code*:																					
Expiration date:	(MM/YY)																				
Signature:																					

*Security code: the 3-digit number on the back of the card in the signature block.

Send as attachment in e-mail to:
ardonoghue@gmail.com

Send by fax to:
Dr. Ann Donoghue 1 970 482 6184

Send by regular mail to:
Dr. Ann R. Donoghue
Secretary/Treasurer, WAAVP
PR Pharmaceuticals, Inc.
1716 Heath Parkway
Fort Collins CO 80524
USA