



American Association of Equine Practitioners Membership Application

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Section I. MEMBERSHIP REQUIREMENTS AND CATEGORIES

Please check the category type for which you are applying:

- Regular Member:** To qualify, applicant must be a resident or citizen of the United States or Canada who is a graduate from a college or school of veterinary medicine or is licensed in good standing to practice veterinary medicine in the United States or Canada. *Applicant must provide a photocopy of his/her diploma or license.*
- International Member:** To qualify, applicant must be a citizen of a country other than the United States or Canada who is a graduate from a college or school of veterinary medicine or is licensed in good standing to practice veterinary medicine in his/her country. *Applicant must provide a photocopy of his/her diploma or license.*
- Student Member:** To qualify, applicant must be a student currently enrolled in a college of veterinary medicine. *Applicant must provide a copy of their unofficial transcript.*
- Recent Graduate Member:** To qualify, applicant must have graduated from a college or school of veterinary medicine within three years from date of application and be licensed in good standing to practice veterinary medicine. *Applicant must provide a photocopy of his/her diploma or license.*
- Resident Member:** To qualify, applicant must be currently enrolled in a residency program with a focus of equine medicine/research. *Applicant must provide an annual letter from an advisor confirming residency status; renewable up to four years.*

Section II. GENERAL INFORMATION (all membership types must complete) Please type or print legibly.

Mr. Ms. Mrs. Dr. _____

(circle one) First, Middle Initial, Last, Suffix

Designation (e.g. DVM, Ph.D.): _____ Practice Name: _____

Mailing address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone (Work): _____

(listed in AAEP Member Directories)

Phone (Home): _____ Fax: _____

E-Mail: _____ Do not publish e-mail address in AAEP directories.

Web site: _____

Birth date: ___/___/___ Veterinary school: _____ Graduation year: _____

(mm/dd/yy)

Section III. PROFESSIONAL/PRACTICE SURVEY (students are exempt from completing this section)

A. Percentage of practice devoted to equine veterinary medicine: (select one)

- Less than 25 % 25 – 49 % 50 – 74 % 75 – 99 % 100 %

B. If not equine-only, type of non-equine work: (select as many as are applicable)

- Bovine Small ruminants Birds Companion animals Swine Exotic and wildlife Other

C. Primary type of equine practice: (select up to three)

- Racetrack Pleasure/Farm Work/Ranch Reproduction Performance Other

D. Modalities of interest: (select as many as are applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture/Acupressure | <input type="checkbox"/> Genetics | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Homeopathy/Holistic | <input type="checkbox"/> Podiatry/Farrier |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Immunology | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Reproduction/Theriogenology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Foal Care/Neonatal | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Orthopaedics | |

E. Current Position: (Select one)

- | | |
|---|--|
| <input type="checkbox"/> Practice Owner – Sole Proprietor | <input type="checkbox"/> Industry Relations |
| <input type="checkbox"/> Practice Owner – Partnership | <input type="checkbox"/> Educator/Academic |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Government/ Regulatory Official |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Retired |

F. If board certified, please list affiliations: _____

G. If you have had any disciplinary action taken against your veterinary license or any other regulatory action (e.g. racing commission, horse show governing body, etc.), including criminal or civil, in the last twelve months, or since your last membership renewal, which resulted in any one of the following: a suspension, revocation, conviction, or fine that exceeded \$2500, please provide the following: Date of the action, licensing body/regulatory agency, and any information pertinent to the action.

Section IV. PAYMENT INFORMATION (all membership types must complete)

Regular or International Membership Membership dates: July 1 – June 30	\$395 – applying July 1 – June 30 \$225 (half-year) – applying Jan. 1 – June 30 (includes \$50 initiation fee, \$345/\$175 dues)
Student Membership Membership dates: Sept. 1 – Aug. 31	\$35 (Student members do not receive EVE scientific journal.)
Recent Graduate Membership Membership dates: July 1 – June 30	\$135 – graduated within 1 year from application date \$225 – graduated between 1 and 2 years from application date. \$310 – graduated between 3, 4 and 5 years from application date. (includes \$50 initiation fee and discounted dues)

All amounts are in U.S. dollars and, unless noted, include a \$40 subscription to Equine Veterinary Education (EVE).

Payments drawn on banks outside the U.S. must be made by International Money Order.

Membership is non-transferable, and, upon approval, fees are non-refundable.

I am enclosing the required documentation (e.g. license, diploma, etc.) and my total payment of \$ _____ by:

Check # _____

Credit Card: (select one) MasterCard American Express VISA

Card Number: _____ Exp. Date: _____ CVV: _____

Name as it appears on card: _____

As a condition of granting membership in AAEP, applicants shall abide by the AAEP's Ethical and Professional Guidelines, bylaws and the procedures of their enforcement. Applicants authorize the AAEP and any of its committees to release, for educational purposes with names deleted, the facts and finding of any complaints filed with the Professional Conduct and Ethics Committee. I hold harmless and release AAEP, its officers, directors, employees, agents or others acting on behalf of AAEP, from any and all liability arising out of the acceptance or rejection of this application and the suspension or termination of membership. I hereby declare that all statements contained in this form are true and correct and that I have not suppressed or misstated any facts.

Applicant's Signature _____ Date _____