



2008 Application for Membership International Veterinary Ultrasound Society

Please mail this form to:

International Veterinary Ultrasound Society
PO Box 1163
Manhattan, KS 66505-1163

Please Type or Print Legibly

Name: _____
First
Middle
Last

Home Address

Business Name and Address

Home Phone:(____)_____

Business Phone:(____)_____

Fax:(____)_____

Professional Affiliations (DVM, RDMS, etc.): _____

E-mail: _____

Please use _ Home _ Business address for written correspondence.

| | | | | | | |
|----------------|-----------------------|---|---|---------------|---|---|
| OK to publish: | Professional Phone: | Y | N | Home Phone: | Y | N |
| | Professional Address: | Y | N | Home Address: | Y | N |
| | E-mail Address: | Y | N | | | |

Method of Payment

- Check/Money Order for \$25 (U.S. Funds Payable to IVUSS)
 Credit Card Payments – Accepted for On-Line Membership Applications only.