

Membership Application Form



Association of Veterinary Consultants

Last Name

First Name

Company Name

Title

Address (Street or PO Box)

City | Postal Code

Telephone

Fax

E-Mail

Area of main activities

I attach a short CV showing my expertise and that I am an independent veterinary consultant. I read the Constitution and I attach the signed Code of Practice. As soon as the Executive Committee has accepted my application to become ordinary Member of AVC, an invoice will be sent.

Signature

Date

