



761 Tiger Oak Drive ▪ Pike Road, AL 36064-3063  
 Phone: 334/395-4666 ▪ Fax: 334/270-3399 ▪ Email: Linda@franzmgt.com ▪ Website: [www.therio.org](http://www.therio.org)

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Degree \_\_\_\_\_

Name of Clinic/Business \_\_\_\_\_

Office Address \_\_\_\_\_  
 Street, Route, or P O Box

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street, Route, or P O Box

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Office Fax Home

E-mail Address \_\_\_\_\_

Please check your preferred mailing address: ( ) Office ( ) Home

Include name and mailing address on SFT Website? ( ) Yes ( ) No

Veterinary School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Please check **ONE** type of professional activity that best describes your employment:  
 ( ) Private Practice ( ) Academia ( ) Industry ( ) Government ( ) Retired ( ) Other \_\_\_\_\_

Please indicate your species of interest:  
 ( ) Beef ( ) Equine ( ) Feline ( ) Swine ( ) Dairy ( ) Canine ( ) Small Ruminants

In which of the following other organizations do you hold membership?  
 ( ) AVMA ( ) State VMA ( ) AABP ( ) AASV ( ) Canadian VMA ( ) AAEP ( ) AAHA ( ) AASRP

Type of Membership: ( ) Regular Member ...\$155.00 ( ) Resident/Intern...\$77.50 ( ) Student Member... \$10.00

Method of payment: ( ) Check enclosed (US funds drawn on a US bank) ( ) Visa ( ) Mastercard ( ) AmEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-digit code on back of card \_\_\_\_\_  
 (4-digit on front of AmEX)

Signature \_\_\_\_\_

Please submit application with payment to: SFT, 761 Tiger Oak Drive, Pike Road, AL 36064-3063  
 Applications paid by credit card may be faxed to 334/270-3399

Office Use Only: Date received _____ Ck No. _____ Check Amt _____
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