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American Canine Sports Medicine Association  
Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Business Name & Address \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Please indicate preferred mailing address:  Business  Home

Please specify contact information to be listed on web site:  Business  Home

Profession and Email address will be listed on website unless checked here: \_\_\_\_\_

Would you be interested in contributing articles for the newsletter? \_\_\_\_\_

Professional interests/specialties? \_\_\_\_\_

Membership dues are:

- \$35 for all USA addresses
- \$45 for Canada and all other addresses outside the USA
- \$10 for professional students, interns, residents, and graduate students for USA addresses, and \$15 for addresses outside the USA

The membership year extends from January 1 to December 31.

Make Checks Payable to: American Canine Sports Medicine Association  
Mail To: American Canine Sports Medicine Association  
PO Box 07412  
Fort Myers FL 33919