
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 or August 1 to July 31, depending on the time of year membership application is made.

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