

M E M B E R S H I P

A P P L I C A T I O N

EB 2/10

PART 1 - BIOGRAPHICAL INFORMATION

Name (Print or attach your business card)	Pharmacy Name or Work Location
Street Address	Pharmacy Address
City, State, Zip	City, State, Zip
Phone () -	Phone () -
Fax () -	Fax () -
Preferred Mailing Address: (please check one) Home <input type="checkbox"/> Work <input type="checkbox"/>	State(s) of Licensure 1. Lic. # 2. Lic. # 3. Lic. # 4. Lic. #
e-mail address: _____ website address: _____	

Graduate of _____ Year _____ Degree _____

Pharmacy organizations to which you belong _____

Service organizations to which you belong: (e.g., Lions, Kiwanis, Rotary, Heart Fund, Diabetes Assoc., etc.)

PART 2 - ABOUT YOUR PRACTICE

Please describe your practice.

Please list the areas of specialty practice in which you are involved. (e.g., compounding, small animal practice, large animal practice, nursing homes, home IV, clinical services, etc.)

Why do you want to become a Fellow of the American College of Veterinary Pharmacists?

How do you plan to participate in ACVP activities?

PART 3 - FEES AND REQUIREMENTS FOR FELLOWSHIP

- Full Fellows:** An initial fee of \$1,395 USD will be assessed to each new Fellow of the College. This fee provides for one pharmacist/tech to attend the ACVP Basic Veterinary Training; access to the VET-MEDS Hotline as well as the Members List Serve; enrollment in the ACVP Network of Pharmacists; receipt of the bi-monthly ACVP Newsletter, along with the Patient and Veterinarian Newsletters, and Fellowship dues for one year. Annual Dues are \$500.00 USD thereafter, due on the anniversary date of membership.
- Associate Fellow:** Initial Fee is \$360.00 USD. This fee provides receipt of the bi-monthly ACVP Newsletter, along with the Patient and Veterinarian Newsletters; and access to the VET-MEDS Hotline and Members List Serve; and Fellowship dues for one year. Annual Dues are \$360.00 USD thereafter.
- Second Full Fellow at same Practice Site:** Initial fee is \$250.00 USD. This fee provides access to the VET-MEDS Hotline and Members List Serve; enrollment in the ACVP Network of Pharmacists; and Fellowship dues for one year. Annual Dues are \$250.00 USD thereafter.

Other Specialty Services Available to Fellows: Basic Veterinary Training-2nd person from the same pharmacy - \$695.00 USD; Medication Needs Survey (400 Vets) - \$550.00 USD; Marketing Handbook - \$200.00 USD; ACVP Display for Trade Shows - \$250.00 USD per use (contact ACVP); Educational Opportunities to attend two Conferences (Check with ACVP for cost).

PART 4 - MEMBERSHIP AGREEMENT

By submitting this application, I am requesting Fellowship status in the American College of Veterinary Pharmacists. The information on this application accurately represents my practice. I believe that my practice meets the ACVP Standards of Practice* and that I share the aims of the College. **I agree to keep confidential, sharing only with Fellows of the College, all information provided to me through my Fellowship in the College.**

Master Card Visa AMEX Discover Check

Name on Card: _____ Pharmacy Name: _____

Card #: _____ Billing Zip Code: _____ Exp. Date: _____

Security Code on back of card: _____ Date: _____ Signature: _____

* A period of 24 months will be given to complete compliance.



Please forward this application to:
American College of Veterinary Pharmacists • P. O. Box 341266 • Memphis, TN 38184
Phone: 877.VET.MEDS (877.838.6337) • Fax: 901.383.8865

