



MEMBERSHIP APPLICATION / RENEWAL

Full Name _____

Address _____

Post/Zip Code _____ Country _____

Email _____

Phone Number with International Code _____

STATUS (please circle the correct type of membership):

Professional

Provisional

Associate

DECLARATION

I agree to abide by the rules of the Association contained in the current Handbook, which I have read and understood.

Signed _____

Date _____

Please return the form to:

IAVMT Membership, 128 Hepbourne St., Toronto, Ontario, Canada M6H 1K7

IAVMT WEBSITE

Please indicate below the exact details you would like to have listed on our website, or whether your details are currently up-to-date on the practitioner website listing.

All professional and provisional members will be listed under our 'Find a practitioner' section.

We also invite all members to send in a photo and brief description of your work to *info@iavmt.org*, to be included under the 'Practitioner Biographies' section, if you are a professional or provisional member, or under 'Associate & Honorary' if you are an associate or honorary member.

No changes to current website listing details required

Please update details on website listing as per below:

Name _____

Location (for security reasons, we only usually list town, state/county & country, unless you specify otherwise)

Contact details _____

Please return the form to:

IAVMT Membership, 128 Hepbourne St., Toronto, Ontario, Canada M6H 1K7