

European Society of Veterinary Clinical Ethology



Membership Application/Renewal Form¹

I wish to apply for membership/renew my membership* of the ESVCE (Membership renewals should be received by 1 May of each year)

Full Membership (Veterinarian)	40 Euro	*
Affiliate membership (Non veterinarian)	30 Euro	*
Collective Group membership per person	20 Euro	*
Special rate (students, 1st year veterinarians, or anyone on a low income (proof required)).	20 Euro	*

* please tick

For individual membership please fill in the details below. For collective membership the details below should be filled in by the treasurer of the national group. Details of all other applicants should be filled in on page 2 of this form (applications cannot be processed without full details).

Name of group (collective applications only)

Name

Qualification

Address

Tel:

Fax:

Email:

Please debit my credit card by Euro.....

(Should you wish to pay by bank transfer please contact Anneli Muser Leyvraz (ESVCE treasurer) Av. Jules-Crosnier 4, CH-1206 Genf, Switzerland; Tel / Fax: 0041 22 3462546; amuser.leyvraz@gmail.com. She will fax you the bank details. Please ensure you include your fax number in the request. For security reasons these details will not be sent by email)

Visa/Mastercard* Number

Name on card.....Expiry Date

SignatureDate

* delete as applicable

¹ Please send your completed application to:
Carlo Siracusa (Membership Secretary)
Matthew J. Ryan Veterinary Hospital
School of Veterinary Medicine
University of Pennsylvania
3900 Delancey St.
Philadelphia, PA 19104
USA

