



Associate Membership Application - 2018-19

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Date Founded: _____

E-mail: _____ Website: _____

Associate Members: Providers of goods and services to Active Members, including but not limited to manufacturers of animal health-related products and sales agents of manufacturers of animal health-related products may, upon application, be granted Associate Membership; members so designated shall have no vote or right of participation in business meetings of the Association. Associate members shall not be eligible to serve as officers of the Association.

Name of Person Who Will be Company's Key Member Representative to AVDA: _____

Title: _____ E-mail Address: _____

Mailing Address if Different From Above: _____

Additional Representative (if any): _____ Title: _____

Mailing Address if Different From Above: _____

E-mail Address: _____

Signature of Person Submitting Application: _____ Date: _____

Amount of Dues Payment Enclosed: \$ _____

Please describe the products you manufacture: _____

Approximately how many Animal Health Distributors do you supply? _____

Please list 5 authorized distributors of your products in the United States: _____

How did you hear about AVDA? _____

Do you plan to send a representative to AVDA's Annual Conference (*usually held in April/May*)? _____

Please return this application, together with a check for \$2,500 covering annual dues, to: American Veterinary Distributors Association, 3465 Box Hill Corporate Center Drive, Suite H, Abingdon, MD 21009.

** Your dues may be deductible as an ordinary and necessary business expense. Your dues are not deductible as a charitable contribution.*