



**Membership Application**

Title (optional): \_\_\_\_\_

Name \_\_\_\_\_ Suffix \_\_\_\_\_

Institution / Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**Online Member Directory!** VCCIS has set up an online Member Directory for members. It is password protected and access is limited to current VCCIS members. Upon the completion of the processing of your membership and receipt of your annual dues, you will be notified via e-mail of your login credentials. You may need to check your spam or junk mail file for e-mail from VCCIS.

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**MEMBERSHIP OPTIONS:** (choose one)

**Professional / Full: \$90.00 USD / year**

Licensed veterinarians (general practitioners and specialists) and licensed veterinary nurses working in the private or academic sector qualify for professional membership.

**Trainee: \$30.00 USD / year**

Veterinary students, veterinary nursing students, interns, graduate students, and residents (specialists in training) qualify for trainee membership. You may be asked to provide proof of status.

**Donation: \$\_\_\_\_\_ Please consider making a tax-deductible donation to VCCIS.**

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**Credit Card No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Security code:** \_\_\_\_\_ **Cardholder Name:** \_\_\_\_\_

**Credit card billing address** \_\_\_\_\_

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Please send your **Membership Application** and **Dues** (check or money order payable to “**Veterinary & Comparative Clinical Immunology Society**”) to:

**VCCIS**  
**PO Box 2558**  
**Philadelphia PA 19147-0558**

You can also apply online at [www.vccis.org](http://www.vccis.org) | **Membership** for faster service.