



VETERINARIANS
WITHOUT BORDERS


VÉTÉRINAIRES
SANS FRONTIÈRES

MEMBERSHIP APPLICATION FORM

New membership Membership renewal

Language preference: English French

Last name	First name	Initial	Citizenship	
Street Address			City	
Province/State	Postal/Zip code	Country	Phone	Fax
email				

MEMBERSHIP INVOLVEMENT

I wish to: receive email bulletins volunteer in Canada volunteer internationally

Length of time available for project-related travel:

short term (weeks) medium term (months) long term (year)

Areas of interest - please check all that apply	
<input type="checkbox"/> Administrative/organizational	<input type="checkbox"/> Newsletter production
<input type="checkbox"/> Equipment/supply maintenance	<input type="checkbox"/> Publicity
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Student-related activities
<input type="checkbox"/> International projects	<input type="checkbox"/> Training and education
<input type="checkbox"/> Projects in Canada	<input type="checkbox"/> Website development/maintenance
<input type="checkbox"/> Other	

TRAINING

Degree	Grad Year	School	Details
<input type="checkbox"/> BA/BSc			
<input type="checkbox"/> DVM in progress			
<input type="checkbox"/> DVM			
<input type="checkbox"/> MSc			
<input type="checkbox"/> PhD			
<input type="checkbox"/> DVSc			
<input type="checkbox"/> Board Certification			
<input type="checkbox"/> Animal health technician			
<input type="checkbox"/> Other			

AREAS OF EXPERTISE IN ANIMAL HEALTH

Field(s) of expertise - please check all that apply			
<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Herd health	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Regulatory
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Immunology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Surgery
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Industry	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Theriogenology
<input type="checkbox"/> Ecosystem health	<input type="checkbox"/> Internal medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Virology
<input type="checkbox"/> Emergency medicine	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Public health	<input type="checkbox"/> Zoo/wildlife medicine
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> General practice			

Species of interest - please check all that apply	
<input type="checkbox"/> Aquatic	<input type="checkbox"/> Food production
<input type="checkbox"/> Avian	<input type="checkbox"/> Aquaculture <input type="checkbox"/> Poultry
<input type="checkbox"/> Companion animals	<input type="checkbox"/> Cattle <input type="checkbox"/> Small ruminants
<input type="checkbox"/> Equine	<input type="checkbox"/> Swine
<input type="checkbox"/> Reptiles	<input type="checkbox"/> Wildlife

OTHER SKILLS

Please indicate any of your skills that you feel would be of interest/use to VWB/VSF-Canada	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Administration	<input type="checkbox"/> Photography
<input type="checkbox"/> Advertising	<input type="checkbox"/> Policy development
<input type="checkbox"/> Business management	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Publishing
<input type="checkbox"/> Legal	<input type="checkbox"/> Teaching
<input type="checkbox"/> Marketing	<input type="checkbox"/> Other (specify)

Language Skills (please list)	Level of proficiency (1-basic, 2-conversational, 3-fluent)

EXPERIENCE IN DEVELOPING AREAS - leisure travel does not apply

Year	Country	Activity

MEMBERSHIP FEES

Fees are collected to help with administrative costs directly associated with our membership (e.g. newsletter production, database maintenance, phone expenses, etc)

Regular membership (\$40) Payment by: Cheque

Student membership (Free) Cash

I would also like to make an additional donation of \$_____