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## Application for Membership

**Surname** .....

**Forenames** .....

**Title** .....

**Qualifications** .....

**Postal Address** .....

**County** .....

**Postcode** .....

**Country** .....

**Telephone no.** .....

**Fax no.** .....

**E-mail Address** .....

**RCVS Number** .....

**Acupuncture Qualifications (if any)** .....

**Species Treated** .....

**(Small Animal / Farm / Equine / Exotics)** .....

Owners seeking a practising veterinary acupuncturist in their area regularly approach the ABVA.  
Do you wish your contact details to be made available and to be placed on a referral list? .....

**I would like to apply for membership to the ABVA and enclose the annual subscription fee of £70**

**Signed** .....

**Date** .....

Please send completed Membership Form and cheque for £70.00 (made payable to the *Association of British Veterinary Acupuncturists*) to the following address:

ABVA  
BMAS House  
3 Winnington Court  
Northwich  
CW8 1AQ

**Tel: 01606 786782 Fax: 01606 786783**