



INTERNATIONAL VCS MEMBERSHIP APPLICATION ONLY

For all members/persons residing OUTSIDE of North America

- VCS membership runs from January 1st through December 31st. Membership is not prorated.
- You **MUST** be a current member of one of our partner oncology organizations to qualify for international membership rates in VCS. Membership in those organizations will be verified.

Designation Dr. Mr. Mrs. Ms. Miss

First Name _____ Last Name/Family Name _____

I am a CURRENT member of ESVONC ABROVET JPVCS Other _____

Business/Organization/Institution _____

Business Mailing Address _____

Street Address _____

City _____ State _____ Country _____ Postal Code _____

Business Phone (IDD#) _____ Phone Number _____

Email Address _____

<u>Select Type of Membership:</u>	<u>Early Rate Until April 1*</u>	<u>After April 1</u>
_____ International Professional Membership	\$100.00	\$200.00
_____ International New-Professional Membership	\$75.00	\$125.00 (0-2 years post-residency only)
_____ International Resident Membership	\$25.00	\$50.00
_____ International Intern Membership	\$25.00	\$50.00
_____ International Student Membership	\$25.00	\$50.00 (undergraduate & graduate)
_____ International Technician Membership	\$25.00	\$50.00

**If your position is not resident, intern, student or technician, you are considered a professional member.*

Select all certifications:

- DACVIM (Onc) DACVR (RO) DACVS DACVP DECVIM
 DACVIM (other-_____) Other _____
 CVT LVT VTS (Onc) Other _____

May we list your information in the online member directory? Yes ___ No ___

If you prefer to opt out of email that may be sent by VCS sponsors or exhibitors, check here _____
You will still receive VCS Newsletters as well as other VCS information.

PAYMENT METHOD (choose one):

Total payment due \$ _____

_____ **Check or Money Order enclosed** (made payable to Veterinary Cancer Society)

_____ **Credit Card:** Visa Mastercard

Card # _____

Security Code # (3 digits on back of card) _____

Expiration month and year _____

Name on the Card _____

Billing Address (**must match the credit card billing address exactly**):

Street Address _____

City/State and Country _____

Postal/Zip Code _____

SUBMITTING PAYMENT

1) By Mail:

Veterinary Cancer Society
PO Box 30855
Columbia, MO 65205

2) By Fax (using credit card payment method only):

011-573-445-0353

3) Scan and Email to: vetcancersociety@yahoo.com