



NYCAVMA Membership Enrollment Form

Dues are \$65.00 annually, and membership is for a term of one year.

Member Name *

First Name Last Name

Practice Name

If applicable.

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number *

Area Code Phone Number

Website

If applicable.

Modalities you're certified in - check all that apply.

- Acupuncture
- Chiropractic
- Herbal Medicine: Chinese
- Herbal Medicine: Western
- Osteopathy
- Reiki
- Homeopathy
- Homotoxicology
- Shamanistic Healing
- Nutritional
- Other

Modalities -Certifications/Degrees

Species Treated

- Dogs
- Cats
- Horses
- Farm Animals (Cows, Goats, Llamas, Sheep, Pigs)
- Birds/Poultry
- Small Animals (Hamsters, Rabbits, Ferrets)
- Reptiles
- Other

Years of experience *

Office Hours

If applicable.

Other Info

(Information about your practice/specialties you'd like displayed on the website.)

33P