

# NYCAVMA Membership Enrollment Form

## 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

**Modalities -Certifications/Degrees**

**Species Treated**

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

**Years of experience \***

## Office Hours

If applicable.

## Other Info

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

## Payment Method \*

Please send me a PayPal invoice.

I will mail in a check.