



**Ontario Association of
Bovine Practitioners**

Membership Application

January 1, 2017 to December 31, 2017

Payment Due Upon Receipt

2017 OABP Membership (Fee includes CABV annual membership)

Active Member	-	\$75.00	\$ _____
OVC Student Member	-	\$ 0.00	\$ _____
Retired Member	-	\$37.00	\$ _____
TOTAL			\$ _____

Renewal of Membership—Below is the membership information we currently have in our database. Please correct or add to the information as needed.



Name	
Clinic/Company	
Address	
Town/City, Province, Postal Code	
EMAIL <small>(Added automatically to the Members' Email Listserv)</small>	
Phone	
Fax	
University Attended	
Graduation Year	

What topics would you like to see covered at continuing education meetings? _____

Please indicate the following:

- I prefer to receive an electronic copy of the OABP newsletter (no longer receive a copy in the mail).
- Our practice is interested in accepting undergraduate students during the year.
- I am interested in becoming a member of the OABP Executive.
- Enclosed is a cheque made payable to "Ontario Association of Bovine Practitioners".

Forward completed form and payment to:

**Ontario Association of Bovine Practitioners
c/o Ruth Cudmore, 71 Princess Street, Elora, Ontario, N0B 1S0**