



Membership application form

**1. Personal details:**

Title (Mr/Ms/Miss/Mrs/Dr/Professor):

First name:

Surname:

Main contact email address:

Alternative email address:

**2. Address:**

Department (if work address):

Name of institution (if work address):

Number & street/ P.O. Box number:

District:

Town:

County/State:

Country:

Postal/ZIP Code:

### 3. Important contact numbers:

Telephone (with country code):

Mobile phone (with country code):

Fax (with country code):

### Please note:

- Your email address is particularly important
- Please ensure that you sign and date the application form, and arrange membership payment (via direct transfer, credit card, cheque, standing order - preferable for UK account holders)
- Cheques should be in Pounds Sterling and drawn on a British bank

**I hereby apply for membership of the Society for Veterinary Epidemiology and Preventive Medicine.**

### 4. Signature:

### 5. Date:

**Please return this form by email or post to the Society's Honorary Treasurer:**

David Brodbelt  
Royal Veterinary College  
Hawkshead Lane  
North Mymms  
Hertfordshire, AL9 7TA, UK  
Tel: +44 1707666625  
Email: treasurer@svepm.org.uk