



**AMERICAN  
HEARTWORM  
SOCIETY™**  
EST. 1974

# Membership Application

**40 YEARS LEADING THE FIGHT AGAINST HEARTWORM DISEASE**

To apply for membership in the American Heartworm Society, please complete this form and mail it with the appropriate dues to

**American Heartworm Society**  
**PO Box 8266**  
**Wilmington, DE 19803-8266**

You may also apply online at the  
American Heartworm Society website,  
**[www.heartwormsociety.org](http://www.heartwormsociety.org)**.

**MEMBERSHIP DUES** Please Check One  One Year: \$55  Two Years: \$100  Three Years: \$135  
*Make check or money order payable to the American Heartworm Society.*

I hereby apply for member status in the American Heartworm Society. As a member, I will have access to all Society benefits, including voting privileges.

Name \_\_\_\_\_  Dr.  Ms.  Mr.

Institution Attended \_\_\_\_\_

Degree/Year \_\_\_\_\_

Affiliation/Practice Name \_\_\_\_\_

Status (Practitioner, Industry, Research, Retired, Other) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

The American Heartworm Society will keep you informed about important news ("Red Hot Alerts") new practice tools ("Cool Tools") and Think 12 updates via email. If you prefer not to receive these emails, you can opt out by checking this box.

Your membership also includes receipt of the quarterly newsletter *AHS Bulletin*. Please specify whether you wish to receive this via email or mail.  Send by mail  Send by email

Signature \_\_\_\_\_ Date \_\_\_\_\_