



# OFFICIAL AGENCY MEMBERSHIP APPLICATION

4221 Mitchell Ave., Saint Joseph, MO 64507  
Phone: 816-671-1144 Fax: 816-671-1201

Email: [usaha@usaha.org](mailto:usaha@usaha.org)  
Web: [www.usaha.org](http://www.usaha.org)

### Requirements:

**Official Agency Member** must be the animal health department or agency of a state, U.S. territory or commonwealth, District of Columbia; animal health department of the U.S.; and such other governmental departments or agencies as the Board of Directors may approve.

\*\*Please include a summary of activities, directives or other relevant information about your agency that pertain to the goals of USAHA with this application.

Upon receipt of application, your Organization will be reviewed at the next regular meeting of the USAHA Executive Committee, and a recommendation will then be put before the USAHA Board of Directors for approval by two-thirds majority vote at the next Annual Meeting, October 18-24, 2012 in Greensboro, NC.

AGENCY NAME: \_\_\_\_\_

### Individual Representative Information:

Prefix:  Dr.  Mr.  Ms.

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_

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

Email \_\_\_\_\_

2011 Official Agency/Allied Organization Dues: \$600.00 (USD).

Dues include one organizational representative for member benefits, and a seat on the Board of Directors.

### PAYMENT

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Check, payable to USAHA | <input type="checkbox"/> American Express | <input type="checkbox"/> Please bill me following approval by the Board of Directors |
| <input type="checkbox"/> Master card             | <input type="checkbox"/> Discover         |  |
| <input type="checkbox"/> Visa                    | USAHA EIN: 21-6008168                     |  |

Billing Address:  Same as above

Address: \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Credit Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Credit Card:  Company  Personal

Cardholder Name: \_\_\_\_\_ Expiration Date (mo/yr): \_\_\_\_ / \_\_\_\_

Cardholder Signature: \_\_\_\_\_