

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, 2018 in Kansas City, Missouri.

AGENCY NAME: _____

Individual Representative Information: Prefix: Dr. Mr. Ms.

First _____ Middle Initial _____ Last _____

Address _____

City _____ State _____ Zip _____

Country (if other than U.S.) _____

Phone _____ Fax _____

Email _____

2018 Official Agency Dues: \$675.00 (USD).

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

PAYMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Check (<i>payable to USAHA</i>) # _____ | <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 | |

Credit Account Number: _____ - _____ - _____ - _____	Security Code _____
Type of Credit Card: <input type="checkbox"/> Company <input type="checkbox"/> Personal	Expiration Date (mo/yr): ____ / ____
Billing Address: _____	
City _____	State _____ Zip _____
Cardholder Name: _____	
Cardholder Signature: _____	