THE AMERICAN
ASSOCIATION
OF VETERINARY
LABORATORY
DIAGNOSTICIANS

AAVLD Institution / Agency Membership Application
P.O. Box 6396 | Visalia, CA | 93290

2023

This form is for Institution / Agency Membership only.

The AAVLD Membership year begins January 1st and ends December 31st. The coming year's dues are expected by November 15th to ensure maintenance of membership in good standing.
Payments received after this date will not be guaranteed inclusion in the next Membership Directory.

Please complete fields below. First page is the primary contact form. **On the next page, please provide specific information for the individual employees you intend to enroll.** Use the membership directory if you are not sure individuals are current AAVLD members. **Membership Directory .**

New Institution / Agency Member   or Renewing

Name of Institution / Agency: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Website: _____ Lab Director: ○ Yes ○ No

Contact Name: _____ Email: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Institution/ Agency Membership: (Calculation Instructions)

Choose one of the following Institutional/Agency Membership Options based on size <u>or</u> choose the Open Flex Enrollment Plan:

☐ **Small lab** (<50 faculty and staff) will pay $1000/year and receive an $800 credit toward membership dues.

☐ **Medium lab** (50-100 faculty and staff) will pay $1500/year and receive a $1200 credit toward membership dues.

☐ **Large lab** (>100 faculty and staff) will pay $2000/year and receive a $1600 credit toward membership dues.

☐ **Open Flex Enrollment Plan** – an option for any size lab; the lab pays for as many memberships as it desires at regular rates plus $500.

Payment: Visa/ MasterCard/AMEX

_____
Credit Card Number   **Expiration Date**   **CVV Code**   **$Amount**

_____
Cardholder Name   **Printed Signature**

Pay by check: Send check to P.O. Box 6396, Visalia, CA. 93290 USA. Payments must be made in US Dollars with US funds by check, or international money order.

If you have any questions on membership or would like any further information, please contact the AAVLD office at 559-781-8900 or visit www.aavld.org. If there are changes in the aforementioned information, I understand it is my responsibility to notify the AAVLD office immediately.

General Donation $_____ USD
(Refer to AAVLD Foundation donation form for specific awards donation information)

Specific Donation $ _____ USD   **To which Award? $**_____

Membership includes 6 issues/online access to the Journal of Veterinary Diagnostic Investigation (JVDI), reduced registration fees to the annual meeting, access to the member's only portion of the AAVLD website, twelve issues of the newsletter, an electronic directory on the website, voting rights, committee membership, and the ability to hold office or chair/co- chair a committee.

*Associate Members or Vet Student/Undergrad Members do not receive voting rights, or the ability to hold office or chair/co-chair a committee.

The information provided will be used for the membership directory. Please <u>note</u>, Use Join now, if you are a new member, Lapsed if your membership Lapsed within one year and Delinquent if your membership has lapsed more than two years. You may use the membership directory if you are unsure if the member is current. <u>Membership Directory</u>.

Member Number ☐

Member Status   Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number ☐

Member Status   Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Please use the additional pages below for additional members

Member Number

☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number

☐

Member Status   ## Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○ Yes ○ No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number
☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○Yes ○No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number
☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○Yes ○No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Member Number
☐

Member Status

Member Category

Full Name: _____ Degrees: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Lab Director: ○Yes ○No

Business Name: _____ Website: _____

Interested in becoming a mentor or mentee? ○ Yes ○ No

If interested in the mentor/mentee program, we will send you more information about joining the program and how you can participate to support new members or students.

Once the application is received an invoice will go out to the contact person with the payment link in them email body. If you choose to pay by check, please indicate this in your application. You may add your payment information on this form for immediate processing. Thank you!

Instructions for Calculating an Invoice for Institutional/Agency Membership Payment

1. Complete information for the Institution / Agency that is paying the invoice. Contact information and email should be whoever is authorizing the invoice.
2. First select a Lab Size **or** Open Flex Enrollment option. Note: Open Flex Enrollment is simpler and provides maximum support to AAVLD operations.
3. Next list the employees that you intend to enroll.
4. Formula for calculating payment to AAVLD:
    a. La**b Size Method:**
       Lab Fee + Sum of Membership Fees for those enrolled – Credit = $ Amount Invoiced
    b. **Open Flex Enrollment Method:**
       Sum of Membership Fees for those enrolled + $500 (base fee) = $ Amount Invoiced
5. Examples: *all residual stays with AAVLD to benefit operations for CE and training.
    a. **Lab Size Method:** A Medium Sized lab chooses to enroll 5 faculty/professional staff @ $250 each and 4 technical staff @$100 each.
       *To determine invoice: $1500 (medium lab rate) + $1650 (fee for those enrolled) - $1200 (credit) = $1,950 (amount invoiced)
    b. **Lab Size Method:** A Small Sized lab chooses to enroll 2 faculty/professional staff @ $250 each and 1 technical staff @$100 each.
       *To determine invoice: $1000 (small lab rate) + $ 600 (fee for those enrolled) - $800 (credit) = $800 (amount invoiced)
    c. **Open Flex Enrollment Method:** A lab of any size chooses to enroll 8 faculty/professional staff @ $250 each, 5 technical staff @ $100 each, 3 Graduate Students and 2 Residents @ $25 each.
       *To determine invoice: $2,625 (fee for those enrolled) + $500 (base fee) = $3,125 (amount invoiced)
    d. **Example of Lab not authorized to enroll employees:** A medium sized lab enrolls no employees.
       To determine invoice: $1500 (medium lab rate) + $ 0 (fee for those enrolled) - $1200 (credit) = $300 (amount invoiced)