ALBERTA VETERINARY MEDICAL ASSOCIATION

APPLICATION FOR STUDENT REGISTRATION

DVM Student Membership	**Student Membership Registration Fee** ***($25.00 + GST = $26.25)***	A Student Membership Includes: • Permission to work in the Province of Alberta as a Veterinary Student • ABVMA Member Magazine Subscription (6 issues yearly) • ABVMA E-Newsletter (distributed as required) • One copy of the Annual ABVMA Directory • One copy of the ABVMA Annual Report • Access to the Members only Section of the ABVMA website & job file • Ability to participate as an invited guest at the ABVMA Annual General Meeting • Preferred Student Registration Rates at ABVMA sponsored events • Access to ABVMA Affinity Programs (ie. Home/Auto Insurance, etc.) • Ability to compete for position of WCVM or UCVM Student Representative • Ability to compete for ABVMA Student Awards
☐ Final Year Student	Registered in your final year of a recognized Veterinary Medicine Program	
☐ Non-Final Year	Registered in a recognized Veterinary Medicine Program prior to your final year	

DATE:_____

To The Registrar:
I hereby make application for registration with the Alberta Veterinary Medical Association, and in this regard:

I _____ _____ _____
First Name **Middle Name** **Surname**
(Please print name in full)

of_____
Student Street Address, City, Province & Postal Code
(Please print address in full)

PHONE#_____

DO SOLEMNLY DECLARE:

1. That I was born on _____ in _____
(Month/Day/Year) **(City, Province, Postal Code & Country)**

2. (i) That I am a Canadian Citizen ( )
or (ii) That I am lawfully admitted into and entitled to work in Canada ( )
(provide documentation of one of the following ie: SIN #, Valid Passport #, or Birth Certificate #)

3. That I am able to communicate in English ( )

4. That I will receive ( ) or have received ( ) the following degree(s):
(a) _____ From _____ in _____
Degree University Year
(b) _____ From _____ in _____
Degree University Year
(c) _____ From _____ in _____
Degree University Year

5. That I have ( ) have not ( ) been convicted of any offence or presently face outstanding charges under the Criminal Code of Canada, the Narcotic Control Act, the Food and Drugs Act, or similar legislation in any other jurisdiction. **(attached hereto are full particulars of all such offences, if any).**

6. That I do ( ) or do not ( ) use any of the substances listed in Schedules G & H of the Food and Drugs Act, or any of the substances listed in the Schedule to the Narcotic Control Act. Further, I am not presently addicted to alcohol. **(attached hereto are full particulars of my use, if any, of the aforementioned substances).**

7. I hereby authorize the Alberta Veterinary Medical Association to make those inquiries that it deems relevant to my Application for Membership in the Alberta Veterinary Medical Association from those Educational Institutions that I have attended and those Professional Associations of which I am or have been a member. I also hereby authorize those Educational Institutions and Professional Associations to provide to the Alberta Veterinary Medical Association all such information requested by it. I also authorize the Alberta Veterinary Medical Association to use any legal means to verify the statements on this application and authorize the release of such information from those relevant organizations or agencies. Should there be fees assessed by any of the above it will be at my expense.

8. That I will undertake to practise the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, the Regulation, Guidelines and Bylaws of the Alberta Veterinary Medical Association, and in so doing uphold the honour and dignity of the veterinary profession.

9. That I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the force and effect as if made under oath, and by virtue of the Canada Evidence Act. I further understand that the provision of false information in this Application for Registration may be cause for disciplinary action by the Alberta Veterinary Medical Association and may render me liable to the discipline sanctions set out in the Veterinary Profession Act. R.S.A. 2001 c. V-2, as amended.

Personal Information

In accordance with ABVMA information Policy, this information is required for ABVMA Member Roster purposes only. It will be used to contact you regarding membership matters and will not be distributed to the Public.

Permanent Mailing Address: ***(if different from school address)***

Address: _____
City: _____
Province: _____ Postal Code: _____
Phone Number: _____
Fax Number: _____
Email (*mandatory*): _____

Are you currently employed or intend to be employed by a Certified Veterinary Facility? ( ) Yes ( ) No
If yes please indicate the name of the clinic: _____
From *(date):* _____ To: _____

******A "Consent to Employ a Student" form must be submitted by Employer******
******Student Membership is granted on a 12 month basis from the date of approval******

_____
Signature of Applicant

ABVMA OFFIC USE ONLY:

Approval: _____ ***Date:*** _____
Registrar

Please Return This Form To:
The Alberta Veterinary Medical Association
950 Weber Centre, 5555 Calgary Trail NW, Edmonton, AB T6H 5P9
Phone: (780) 489-5007 Facsimile: (780) 484-8311