



# British Veterinary Hospitals Association



*Promoting Excellence in Veterinary Practice*

## MEMBERSHIP APPLICATION FORM

**Surname:**

Title:

Forename:

Initials:

Qualifications:

**Practice Name:**

Practice Address:

Post Code:

Tel:

Email:

Fax:

Web:

**Membership Type:** ( Delete as appropriate) Hospital  
Associate  
Retired  
Starter Pack (Associate)

**Practice Partners:** (For mailings to all partners in veterinary practices, or directors of incorporated practices)

Surname:

Title:

Forename:

Initials:

Qualifications:

Email:

Surname:

Title:

Forename:

Initials:

Qualifications:

Email:

Surname:

Title:

Forename:

Initials:

Qualifications:

Email:

Please continue overleaf if necessary.....

Return with remittance (for this year's subscription) and Direct Debit mandate (for future years' subscriptions) to the BVHA Office at the address below.



Christine Shield  
BVHA Administration  
Lyncroft  
Whinney Leas  
Chopwell, Co Durham  
NE17 7JX

T: 07966 901619

F: 07813 915954

E: [office@bvha.org.uk](mailto:office@bvha.org.uk)

W: [www.bvha.org.uk](http://www.bvha.org.uk)

Ref: bvha # 14/09/11