



NEW BRUNSWICK VETERINARY MEDICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the New Brunswick Veterinary Medical Association, and in this regard:

I _____ of
First name middle initial last name

Full mailing address

Telephone number _____ S.I.N. # _____

DO SOLEMNLY DECLARE:

1. That I was born on _____ at _____
Date of birth Place

2. That I have or will receive the following degree or degrees:

(a) _____ from _____ in _____ on _____ 20____

(b) _____ from _____ in _____ on _____ 20____

Previous experience (private practice, government, research etc.) :

3. That I now am or previously was licensed to practice veterinary medicine in another jurisdiction: yes _____ no _____

If yes, name of licensing body: _____
Issued on _____ Expires _____

4. That I will uphold the honour and dignity of the veterinary profession.
5. That I will undertake to practice the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinarians Act, the Bylaws and Code of Ethics of the New Brunswick Veterinary Medical Association.
6. That I authorize the N.B.V.M.A. to make those inquiries that it deems relevant to my application for membership in the N.B.V.M.A. from those educational institutions that I have attended and those professional licensing bodies of which I am or have been a member. I also hereby authorize those educational institutions and professional licensing bodies to provide to the N.B.V.M.A. all such information requested by it.

SIGNED: _____ in the province of _____
 Signature of applicant

This _____ day of _____ 20____ .

MEMBERS OF ORIENTATION COMMITTEE

We recommend that this candidate be granted membership in the New Brunswick Veterinary Medical Association.

Remarks: _____

 Signature

 Signature

Dated _____ 20____.