



## Application for membership

Name .....

Title ..... Address .....

.....

.....

Email address .....

As part of your membership you will be sent updates and news from the VPA by e-mail.  
Please confirm that you are happy to receive these updates      Yes / No

Telephone (Mobile) ..... (Landline) .....

### Professional qualifications and dates

Dates	College/University/Professional	Qualifications gained

GPhC/AMTRA Registration number (if applicable)

.....

**Brief outline of experience in veterinary sector** (and reason for wanting to join association?)

.....

.....

.....

.....

Continued over



I wish to join the VPA at the following level (tick one)\*

Associate Membership

Membership

Fellowship

Please see website [www.vpa.education](http://www.vpa.education) for membership level requirements

The cost of joining is £35 for all categories of founder members. This includes a certificate.

Please charge the following **Visa** or **MasterCard** card with £35

Card number

Name (as it appears) on card .....

Expiry date (MM/ YYYY) .....

CVC code.....

Signature .....

Date.....

A cheque payable to VPA is acceptable.

You may also pay by bank transfer with 'VPA' and your last name as the reference.

Sort Code: 20-16-12 Account Number: 13479617

.....

Please return form **with a copy of your certificate(s)** if appropriate either as pdf attachment to [secretary@vpa.education](mailto:secretary@vpa.education) or send by post to:

**The Veterinary Pharmacy Association**

Business Development Office

AC 2 Aspire Centre

Department of Animal Production, Welfare and Veterinary Sciences

Harper Adams University

Newport

Shropshire

TF10 8NB