



## Application for membership

Name .....

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

.....

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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)

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

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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 return completed 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

The payment of £35 may be made by cheque to the above address or by bank transfer to:

Account Name: VPA

Sort Code: 20-16-12

Account: 13479617

with 'VPA' and your last name as the payment reference.

We are sorry but we cannot accept credit or debit cards