APPLICATION FORM
SOCIETY FOR VETERINARY MEDICAL ETHICS

NAME:

BUSINESS
ADDRESS:

HOME
ADDRESS:
(Optional):

ELECTRONIC MAIL ADDRESS:

PLEASE SEND MAIL TO: ☐Office ☐Home

Phone		Phone
Business:	Fax:	Home:

OCCUPATIONAL AND PRESENT POSITION:

PROFESSIONAL DEGREES:

PROFESSIONAL MEMBERSHIPS:

INTERESTS IN VETERINARY ETHICS:

MAJOR OBJECTIVES OF THE SOCIETY ARE:

A. To encourage ethical practices and professional behavior of veterinarians in all aspects of the profession.
B. To increase the understanding of the philosophical, social, moral and ethical values encountered by the veterinary profession.
C. To sponsor seminars and other presentations on ethics and values at local, state, regional and national meetings of veterinarians and other interested individuals.
D. To promote the teaching of ethical and value issues at colleges of veterinary medicine and to identify speakers on these subjects.
E. To encourage persons from other professions and disciplines, such as biomedical research, discussions and studies of these issues.
F. To exchange information about veterinary ethical issues via bulletins, periodicals, and newsletters.
G. To maintain archives of appropriate documents and materials related to these disciplines.

I hereby make application to the Society for Veterinary Medical Ethics

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(Signature of Applicant) *(Date)*

The dues are currently $25/$5 for student per year. Please mail this completed, signed application to John S. Wright, Dept of Small Animal Clinical Sciences, College of Veterinary Medicine, University of Minnesota, C339 Veterinary Teaching Hospital, 1352 Boyd Avenue, St. Paul, MN 55108 (email: wrigh008@umn.edu)