ACVIM STUDENT AFFILIATE
SIGNUP SHEET

If you are interested in joining a student chapter, please return the completed form to the student chapter president or email it to marian@acvim.org.

Name: __________________________________________________________

Veterinary School: _______________________________________________

Address: _________________________________________________________

_______________________________________________________________

E-mail: __________________________________________________________

Phone: __________________________________________________________

Class Year: _______________________________________________________

Date: _________________________________

What internal medicine specialty are you most interested in?

_____ Small Animal Internal Medicine  _____ Cardiology

_____ Large Animal Internal Medicine  _____ Neurology

_____ Oncology