



**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](mailto: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**