



Society of Practising Veterinary Surgeons

A Division of the British Veterinary Association
President 2011-12 Richard Holborow BVSc MBA MRCVS

PRACTICE MEMBERSHIP APPLICATION FORM

I wish to apply for Practice Membership for the year 2011/12.

- I enclose / authorise payment @ £260.79 (includes 1st and 2nd Members)
Plus £82.38 per additional person.

Please note there will be a 7.5% discount applied to payment by direct debit.

Please complete in BLOCK CAPITALS and return to the SPVS Office (address below):

Name of Practice:

Practice Address:

.....

..... Post Code:

Telephone Number:.....Fax Number:.....

Type of Practice: Small/Farm/Mixed/Equine/Exotic/Referral/Other

First Full Member

Title: Name:

Qualifications: Year of Qualification:

Position in Practice.....

Email address.....

Current SPVS membership number.....

BVA Member YES / NO BVA membership number:.....Male/Female

Second Full Member

Title: Name:

Qualifications: Year of Qualification:

Position in Practice:

Email address.....

Current SPVS membership number.....

BVA Member YES / NO BVA membership number:.....Male/Female

To add any other members and for payment details see overleaf



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Subsequent Member at an extra £82.38 per person

Title: Name:
Qualifications: Year of Qualification:
Position in Practice:
E-Mail:
Current Membership Number (if available): Male/Female
BVA Member YES / NO BVA membership number:.....

Subsequent Member at an extra £82.38 per person

Title: Name:
Qualifications: Year of Qualification:
 Position in Practice:
E-Mail:
Current Membership Number (if available): Male/Female
BVA Member YES / NO BVA membership number:.....

Subsequent Member at an extra £82.38 per person

Title: Name:
Qualifications: Year of Qualification:
Position in Practice:
E-Mail:
Current Membership Number (if available): Male/Female
BVA Member YES / NO BVA membership number:.....

Payment details

I enclose payment of £260.79 for first two members plus £82.38 for each subsequent member
Total.....

Please make cheques payable to SPVS

To pay by credit card please complete the following:

Card Number:
Start Date: End Date: Issue Number:

Alternatively, please complete the enclosed direct debit form.

Please return completed form(s) to SPVS secretariat at the below address.