

**Application for Affiliate Membership in the Fish Health Section
of the American Fisheries Society**

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The affiliate membership category of the Fish Health Section was recently established to allow members of other professional organizations, both international and national, to share in and contribute to our expertise and programs (professional certification, continuing education, etc.). Membership as an affiliate includes:

- A subscription of the FHS Newsletter and the Journal of Aquatic Animal Health.
- Eligibility for all Section benefits except as prohibited by the constitution of the Parent Society, which precludes Section affiliates from holding office, chairing committees and voting on Section or AFS affairs.
- Affiliates are not entitled to AFS benefits such as member discounts for books, meetings etc., page charge subsidies or automatic receipt of *Fisheries*

Applicant Information -Please Print or Type

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code _____

Country: _____

Membership in Other Professional Organizations:

- International Association of Aquatic Animal Medicine
- Canadian Association of Aquaculture Veterinarians
- European Association of Fish Pathologists
- Fish Health Section of the Asian Fisheries Society
- American Association of Veterinary Laboratory Diagnosticians
- Japanese Society of Fish Pathologists
- U.S. Animal Health Association
- American Veterinary Medical Association
- Canadian Veterinary Medical Association

Other _____

Please provide for society use only:

Phone: (_____) _____ FAX: (_____) _____ email: _____

Employed by: industry academia federal govt. state/provincial govt. self other

Payment:

Affiliate membership dues are: \$65 U.S. ; \$70 international

Please make checks payable to: AMERICAN FISHERIES SOCIETY in U.S. currency or equivalent drawn on a U.S. bank or pay by VISA or MasterCard. Canadians may remit in Canadian dollars provided they add 40% to cover currency exchange

Check P.O. Number _____ VISA MasterCard

Acct # _____ exp. date _____