



INTERNATIONAL SHEEP VETERINARY ASSOCIATION MEMBER APPLICATION FORM

*COUNTRY NAME		
NATIONAL VETERINARY ASSOCIATION	*NAME	
	*POSTAL ADDRESS	
	WEB ADDRESS	
NATIONAL SHEEP / SMALL RUMINANT VETERINARY ORGANIZATION¹	*NAME	
	*POSTAL ADDRESS	
	WEB ADDRESS	
	TELEPHONE	
	*EMAIL	
AUTHORIZED COUNTRY REPRESENTATIVE TO THE ISVA²	*PRESIDENT / CHAIR	
	*NAME	
	*POSITION / ROLE	
	*POSTAL ADDRESS	
TELEPHONE		
	*EMAIL	
FOR ASSOCIATE / INDIVIDUAL MEMBERSHIPS³		
*APPLICANT NAME		
*EMAIL ADDRESS		
*ORGANIZATION IF ASSOCIATE		
WEB ADDRESS		
I hereby agree to represent my country in ISVA matters and adhere to conditions laid out in its constitution (For those applying for country membership only)		
*Authorized Representative Signature	*Date	
<i>Please complete this form and return to the Secretary-Treasurer ISVA secretary@isheepva.org</i>		

* required information

¹ This is a special interest group / committee / organization comprised of veterinarians and others working to promote the health of sheep and may include other small ruminants. If there is no such group in this country, please indicate under Name "not applicable".

² This person agrees to be the contact person for their country and has the permission of their country's national sheep / small ruminant organization to represent them in ISVA matters, including evaluating bids for upcoming International Sheep Veterinary Congress. Only one person may represent a country at a time but this person is strongly encouraged to consult regarding ISVA matters, with other members working in the field of sheep health.

³ This membership does not require a signature. The organization may be a producer organization, private veterinary services, research institute, extension services, university or individual with no association to an organization.