



2012 Membership

\$ _____

- Regular Member - Residents in: MB, SK, AB** (\$165.00 + 8.25 GST) + \$25 CABV membership **\$ 198.25**
- Regular Member - Residents in: BC** (\$165.00+ 19.80 HST) + \$25 CABV membership **\$ 209.80**
- Regular Member - Residents in: ON** (\$165.00 + 21.45 HST) + \$25 CABV membership **\$ 211.45**
- Student Member - Attending University + year following graduation year** (\$15.00+.75 GST) **\$ 15.75**

I wish to make a contribution to the Ray Butler Fund (i.e.: \$25, \$50, \$75....) \$ _____

TOTAL \$ _____

- Please indicate if you require a receipt
- Enclosed is a cheque made payable to WCABP
- Please charge to my credit card __VISA __MC

Card Number _____ Expiry Date: _____

Name on Card _____ Signature _____

NOTE: The charge to your credit card will be to WCABP

	Database Information:
Name	
Clinic/Company	
Address	
Town/City, Province, Postal Code	
Business Phone	
Business Fax	
Cell Phone	
E-mail	
University*	
Year of Graduation**	
Practice Details:	
Type of Business / Specialty	

* The university from which you were awarded the DVM (or equivalent) degree ** The year in which you received the DVM (or equivalent) degree

Check this box if you DO NOT want your name released to outside agencies

Forward completed form and payment to:

WCABP
112G – 116 Research Drive
Saskatoon, SK S7N 3R3

Phone: 1-866-COW-VETS (269-8387)
Fax: 306-956-0607
E-mail: info@wcabp.com