



American Veterinary Medical Law Association

AVMLA Distinguished Life-Time Member Application

Name:	Founding Member:	Years of Membership:	
BOD Service:	Credentials:	Retired:	
Positions Held:			
Address:	City:	State:	Zip Code:
Phone:	Email:	No. of Conference attended:	
Publications:			
Awards/Honors:			
Date Submitted:	Approved :	Declined:	

Please complete the application for AVMLA DLM Status. Additional documentation maybe attached for review and consideration of the AVMLA Board of Directors. Once completed, please submit and return to the attention of: **Andrea Ball, Executive Director at info@avmla.org American Veterinary Medical Law Association - 1701 K Street NW, Suite 650, Washington, DC 20006 202.449.3818 p - 202.449.8560 f**

I would like to hereby nominate the aforementioned individual: _____,
on this day and date: _____ to be considered for the AVMLA
Distinguished Life-time membership status.

I would like to hereby nominate myself, _____, on this day
and date: _____ to be considered for the AVMLA Distinguished Life-
time membership status.

Signature of applicant:

Date: