



The Standard of Veterinary Excellence

Membership List Request Form

American Animal Hospital Association • 12575 W Bayaud Ave, Lakewood, CO 80228 • 303/986-2800 • Fax 303/986-1700

List Sort Options

- Accredited
- Nonaccredited
- All Members
 - AAHA Veterinarians (Includes Associates, Owners and Practice Managers)
 - AAHA Associate Veterinarians
 - AAHA Medical Directors
 - AAHA Owners
 - AAHA Practice Managers
 - AAHA Technicians
 - AAHA Support Staff
 - AAHA Veterinary Students

List Charge

- Minimum charge per request (for 3,000 names) \$500 _____
- Additional 1,000 names \$100/m _____
- Total** _____

Information

Name _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Fax _____

Email _____

Payment Information

Check # (payable to AAHA) _____

Amex Visa Mastercard

Credit Card # _____

Exp. Date _____

Name on Card _____

List Format

Membership lists will be distributed by email in an Excel file. For special requests and information on how many names are on a list, please contact Ashley Schriener, Advertising and Exhibit Sales Assistant at 877/845-9696 or ashley.schriener@aahanet.org.

Full payment is required to begin processing this request. A sample of the printed materials you plan to send and a description of the intended use must accompany the order as well. AAHA must approve the material before this request will be processed. The mailing list is available for one-time use only.

I agree to AAHA's policies listed above:

Printed Name _____

Signature _____

Title _____ Date _____

Please fax this form back to AAHA at 303/986-1700 or Mail to:

AAHA • Attn: Ashley Schriener • 12575 W. Bayaud Avenue • Lakewood, CO 80228