



The Virginia Association of Equine Practitioners

Membership Application

Name: _____

Position: _____

Practice: _____

Address: _____

Phone(s): _____

E-mail: _____

Annual dues are \$50 (\$25 for interns). Please make checks payable to VAEP and send in enclosed envelope to Secretary:

Tabitha Moore, DVM
Blue Ridge Equine Clinic - Valley Division
55 Mint Spring Circle
Staunton, VA 24401

Please send checks and forms in by June 1st
Please call (540) 460-5702 or e-mail vaep@yahoo.com with any questions.