

INTERNATIONAL SHEEP VETERINARY ASSOCIATION

MEMBERSHIP APPLICATION FORM

COUNTRY NAME	
NATIONAL ASSOCIATION NAME	
POSTAL ADDRESS	
EMAIL ADDRESS	
TELEPHONE	
FACSIMILE	
AUTHORISED COUNTRY REPRESENTATIVE FOR ISVA	
EMAIL	
TELEPHONE	
FACSIMILE	
SHEEP SPECIAL INTEREST GROUP	
We hereby apply for membership of the ISVA under the conditions laid out in its Constitution.	
_____	_____
Authorised representative	Date

Complete and send to gareth.bath@up.ac.za