Application for membership: (available online at www.avahealth.org)
Please provide the following information.

<table>
<thead>
<tr>
<th>Name: Last:</th>
<th>First:</th>
<th>Degree:</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td>Business or Home:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Institutional Affiliation:</td>
<td>Faculty Appointment? Yes ☐ No ☐</td>
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Contact Information: Phone:
E Mail Address:

(We will use email as the primary means of contact. AVA would like to share your name, degree, institution and email address with other members. If you do NOT wish us to share this networking information, check here. ☐)

**Discipline**
- Administration
- Community Advocacy
- Dentistry
- Education
- Law/Criminal Justice
- Medicine
- Nursing
- PT/OT Rehab.
- Psychology
- Public Health
- Social Work
- Other

**Active Membership:** AVA offers a professional home to physicians, nurses, public health professionals, social workers, psychologists, and other professionals interested in violence and abuse issues. Annual Membership dues are $100.

**Student Membership:** A student member may be in any undergraduate, graduate or post-graduate program who wishes to become involved with AVA. Annual Student dues are $25 a year.

**Student Application Information**

<table>
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<th>School Affiliation:</th>
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<tr>
<td>Field of Study:</td>
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<tr>
<td>Anticipated Year of Completion:</td>
</tr>
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**Method of Payment (membership will be in effect on receipt of dues)**
- Please send me an invoice
- Check enclosed
- Online via AVAhealth.org/Members

Please complete and mail to:
Academy on Violence and Abuse
4505 Beach Blvd.
Jacksonville, Florida 32207

ava/dochon/form/membershipapp/3/16