

# PIG VETERINARY SOCIETY MEMBERSHIP DETAILS

Please complete and return to:

Secretariat:

**Mrs J V Hellowell**  
**Veterinary Laboratories Agency**  
**West House**  
**Station Road**  
**Thirsk**  
**N. Yorkshire**  
**YO7 1PZ**

**Tel: 01845 522065**

**Fax: 01845 525224**

**E-mail: j.v.hellowell@vla.defra.gsi.gov.uk**

Surname: .....

Forenames: .....

Membership Reference (*for PVS use*): .....

Veterinary or Scientific Qualifications: .....

Member of BVA: YES/NO\*

Veterinary Practitioner: YES/NO\*

Full or Associate membership/ Retired or Student membership\*

Proposer: .....

**Home Address:**

**Business Address:**

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.....  
.....

.....  
.....  
.....  
.....

**Post Code** .....

**Post Code** .....

**Telephone No.** .....

**Telephone No.** .....

**Fax No.** .....

**Fax No.** .....

**E-mail** .....

**E-mail** .....

**Mobile** .....

**Data Protection Act 1984:** I have no objection to details of my PVS membership being retained on a computer system.

Signed: .....

Date:.....

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\* Delete as appropriate.