



Yes, I would like to become a Professional Member of NPKUA!

Contact Information

Clinic Name _____

Main Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Additionally, we would like the following staff/employees to receive NPKUA communications (newsletters, action alerts, and other news) that are sent to Members:

	<i>Name</i>	<i>Title</i>	<i>Email</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Payment Information

Please charge \$55.00 to our: Visa MasterCard Discover

Card # _____ Exp. _____ Security Code _____

My check for \$55.00 is enclosed. (Please make checks out to NPKUA.)

I would like to include a donation of \$ _____ designated to research where the need is greatest.

Please return this form in the enclosed envelope to NPKUA.