

Part I. Student Membership Application (submitted annually)

To the WDA Membership Committee:

I hereby apply for admission to the Wildlife Disease Association as a Student Member. I certify that the information I have provided here is correct and that I meet the requirements for Student Membership. I also agree that if accepted, I will be governed by the WDA bylaws as long as I remain a member.

Print Applicant Name _____

Applicant Signature _____ Date _____

Applicant Address: _____

Applicant Email Address: _____ Daytime Phone Number _____

Part II. Certification of Student Status

Option A. Academic Advisor

To WDA Membership Committee:

I verify that the applicant is a student, regularly enrolled in and pursuing
___ an undergraduate or graduate degree at least half-time, or
___ participating full time in an internship or residency program which is approved
for credit towards board certification

Print Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Daytime Office Phone _____ E-Mail Address _____

Option B. Student ID

In lieu of verification of an Academic Advisor, please accept a copy of my current Student ID Card.

___ A scanned copy of my current Student ID Card is attached

Wildlife Disease Association

810 East 10th Street, Lawrence, KS 66044 USA

Phone (785) 289-2488 Fax (785) 843-6153 Email: wda.ks@kwglobal.com

WDA Website: www.wildlifedisease.org