



Equine Dental Providers of America
2305 S. Day Street
Brenham, Texas 77833
office@edpaonline.org

Membership Renewal Request: (please print)

Name: _____ Date: _____

Address: _____

Phone: _____ Cell _____ Home _____

Email: _____

Reason for Membership Lapse:

_____ Over 60 Days past Member Renewal Date

_____ Other, Please Explain; _____

The Executive Board of Directors will review the Renewal Request. The Applicant will be notified of the Boards decision by email or postal mail within 10 business days.

If Approved for Membership Renewal, the applicant must pay all dues to current status, plus late fees.

If the Applicant is asking for renewal while at the Annual EDPA Conference, voting privileges will not be valid for that year's business meeting.

*****The Membership renewal date will still be from the month of initial registration, NOT at the current Month/Time of Renewal Request/Approval.**

Applicant's Signature: _____