

# MICHIGAN EQUINE PRACTITIONERS ASSOCIATION 2010 MEMBERSHIP APPLICATION & DIRECTORY LISTING

Application and Dues must be received by Feb. 15, 2010 to be included in 2010 Directory that will be distributed at the Stallion Expo!!

NAME: \_\_\_\_\_ **FACILITY:** Indicate category.  
 PRACTICE NAME: \_\_\_\_\_ FULL SERVICE HOSPITAL: Intensive care, colic surgery, most orthopedic procedures available.  
 ADDRESS: \_\_\_\_\_ INTERMEDIATE SERVICE HOSPITAL: Most routine procedures available, some emergency and orthopedic procedures.  
 CITY/STATE/ZIP: \_\_\_\_\_ CLINIC: Limited inpatient procedures available. Most routine outpatient services offered  
 PHONE:WORK: \_\_\_\_\_ FACILITY CATEGORY: \_\_\_\_\_  
 FAX: \_\_\_\_\_ HOME/CELL: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 (home or cell are for internal use only/not for directory) CITY/STATE/ZIP: \_\_\_\_\_

**DIRECTORY LISTING:**

**INDIVIDUAL:** Listings are by the doctor's last name. Included with membership.

SAME AS ABOVE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 NAME: \_\_\_\_\_ EMAIL/WEB SITE: \_\_\_\_\_  
 \_\_\_\_\_ ADDITIONAL SERVICES: \_\_\_\_\_  
 \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL/WEB SITE: \_\_\_\_\_

QTY	DESCRIPTION	COST	AMOUNT
_____	DUES	\$100	_____
_____	FACILITY LISTING	\$10	_____
_____	POSTAGE FOR DIRECTORY MAILING		_____
		\$5	_____
	<b>TOTAL</b>		_____

MAIL TO: MEPA  
 C/O HORSE HEALTH CARE, P.C.  
 1385 THOMPSON ROAD  
 HOLLY, MI 48442

**MAKE CHECK PAYABLE TO MEPA**