***MEMBERSHIP DECLARATION***

I herewith declare my membership to the University Teachers’ Association (*UniversitätslehrerInnenverband – ULV*) at the University of Veterinary Medicine, Vienna (ULV-vetmeduni).

# Name

**Institute/Clinic**

Vienna,

**(Date) (Signature)**

Please return the filled-in form to Dr. Katharina Hittmair

***Klinische Abteilung für Bildgebende Diagnostik***

katharina.hittmair@vetmeduni.ac.at