



For office use only:

_____ amount paid _____ date approved
_____ dues year(s) _____ check number
_____ clinic # _____ account #

Application for Membership

1. Personal information (please print clearly)

Last name _____ First _____ Middle _____ Maiden _____

Nickname _____ Gender (M/F) _____ Degree(s) _____

Preferred mailing address: _____ Business _____ Home _____ E-mail _____
**More correspondence will be sent via e-mail - please provide, if possible.*

Business name _____ Website _____

Business address _____

City _____ County _____ State _____ Zip _____

Business phone (_____) _____ Business fax (_____) _____

Home address _____

City _____ County _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Your date of birth _____ Spouse's name (first & last) _____

School of Veterinary Medicine _____ Year graduated _____

Please list leadership roles you've held or currently have (SCAVMA, local and nat'l assoc., community groups, etc.) _____

Do you want to be part of the WVMA Legislative Network? (This means you may be asked to contact your legislator when an important issue arises.) _____ yes _____ no

2. Area of practice (check only one)

- | | |
|--|---|
| <input type="checkbox"/> Bovine practice (exclusive) | <input type="checkbox"/> Feline practice (exclusive) |
| <input type="checkbox"/> Equine practice (exclusive) | <input type="checkbox"/> Avian and exotic animal practice (exclusive) |
| <input type="checkbox"/> Porcine practice (exclusive) | <input type="checkbox"/> UW-School of Veterinary Medicine |
| <input type="checkbox"/> Large animal practice (all species) | <input type="checkbox"/> Teaching/research (not UW-SVM) |
| <input type="checkbox"/> Mixed LA (predominately large animal) | <input type="checkbox"/> Regulatory veterinary medicine |
| <input type="checkbox"/> Mixed practice (50/50 large/small animal) | <input type="checkbox"/> Industrial/sales/consulting |
| <input type="checkbox"/> Mixed SA (predominantly small animal) | <input type="checkbox"/> Military veterinary service |
| <input type="checkbox"/> Small animal practice (exclusive) | <input type="checkbox"/> Retired |

-Please fill out other side-

3. Valid license(s) held

1. State _____ Year _____
Licence # _____

2. State _____ Year _____
License # _____

4. Membership type (check one)

_____ Full (\$180)

_____ Associate (non-DVM, \$90)

_____ Graduating senior (free)

_____ Graduate student DVM (first year free)

_____ Out-of-state (\$90)

_____ Privileged (over age 65, \$90)

Membership dues are annual and expire on December 31 of the calendar year.

5. Membership directory (check one)

Do you wish to opt out of receiving an annual printed copy of the WVMA membership directory? The WVMA's website provides online access to the complete membership directory and is updated regularly. _____ Opt out _____ Receive printed directory

6. Signature

In order to be accepted as a WVMA member, all applicants must sign the statement below.

I, the undersigned, agree to meet the requirements of the code of ethics of the American Veterinary Medical Association.

Signature _____ Date _____

7. Dues

Payment must be submitted with this application form.

Payment _____ Cash _____ Check # _____ / _____ Mastercard _____ Visa _____ Discover

Name on credit card _____

Credit card number _____ Expiration date _____

V-code _____ Signature _____



Fill-out both sides and mail with your check or fax with credit card payment to:

Wisconsin Veterinary Medical Association
301 North Broom Street
Madison, WI 53703
Fax (608) 257-8989

If you have any questions, please call (888) 254-5202 (257-3665 in Madison) or send an e-mail to wvma@wvma.org.

Need another application for a colleague or co-worker? Call the WVMA office or download it off the WVMA website at www.wvma.org.

Dues payments to the Wisconsin Veterinary Medical Association may be deductible on your federal income tax returns as business expenses, but they are not deductible as charitable contributions.