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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 _____

**REQUIRED. General clinic e-mail addresses discouraged.*

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)

_____ Bovine practice (exclusive)
_____ Equine practice (exclusive)
_____ Porcine practice (exclusive)
_____ Large animal practice (all species)
_____ Mixed LA (predominately large animal)
_____ Mixed practice (50/50 large/small animal)
_____ Mixed SA (predominantly small animal)
_____ Small animal practice (exclusive)

_____ Feline practice (exclusive)
_____ Avian and exotic animal practice (exclusive)
_____ UW-School of Veterinary Medicine
_____ Teaching/research (not UW-SVM)
_____ Regulatory veterinary medicine
_____ Industrial/sales/consulting
_____ Military veterinary service
_____ Retired

-Please fill out other side-

3. Valid license(s) held

1. State _____ Year _____ 2. State _____ Year _____

Licence # _____ License # _____

4. Membership type (check one)

_____ Full ($180)

_____ Graduating senior (free)

_____ Out-of-state ($90)

_____ Associate (non-DVM, $90)

_____ Graduate student DVM (first year free)

_____ Privileged (over age 65, $90)

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

5. Membership directory

Do you wish to receive an annual printed copy of the WVMA membership directory? *Please Note: The WVMA website provides online access to the complete, up-to-date membership directory.* _____ Yes _____ No

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
2801 Crossroads Dr., Suite 1200
Madison, WI 53718
Fax (608) 257-8989

If you have any questions, 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.