



All students receive a complementary WVMA student membership thanks to the University of Wisconsin School of Veterinary Medicine.

Application for Student Membership

1. Personal information (please print clearly)

First name _____ Middle _____ Last _____ Maiden _____

Mailing address _____

City _____ State _____ Zip _____ County _____

Phone (_____) _____ E-mail _____

Spouse/partner's name (first & last) _____ Year graduating _____

DOB ____/____/____ Gender ____M ____F

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

2. Class year

Class of 2016 ____ (good through 8/31/16) Class of 2017 ____ (good through 8/31/17)
Class of 2018 ____ (good through 8/31/18) Class of 2019 ____ (good through 8/31/19)

3. Interest - Please indicate which area of veterinary medicine you would like to pursue or are interested in practicing.

- Avian and Exotic Animal
- Aquatic
- Dairy
- Equine
- Large Animal
- Mixed Animal (SA/LA)
- Small Animal
- Other (Please indicate in the space below)

4. Signature - In order to be accepted as a 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 _____

Applications can be submitted to the Office of Accidemc Affairs, emailed to wvma@wvma.org, or mailed to:
WVMA
4610 S. Biltmore Lane, Suite 107
Madison, WI 53718

For office use only:	_____ account #	_____ dues year(s)	_____ date approved
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