



For office use only:	
_____ amount paid	_____ date approved
_____ dues year(s)	_____ check number
_____ account #	

2017 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 _____

2. Area of practice (check all that apply)

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

3. Valid license(s) held

1. State _____ Year _____
Licence # _____

2. State _____ Year _____
License # _____

4. Membership type (check one)*

_____ Full (\$235)

_____ SVM Faculty Member (\$175)

_____ Early Career Member (\$110)

_____ Non-Veterinarian Member (\$75)

_____ Military (\$175)

_____ Veterinary Medical Industry Member (\$250)

_____ Regulatory (\$175)

_____ Out-of-State Member (\$125)

_____ Public Health (\$175)

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

5. 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 _____

6. 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
4610 S. Biltmore Lane, Suite 107
Madison, WI 53718
Fax (608) 257-8989

If you have any questions, call (608) 257-3665 or send an e-mail to wvma@wvma.org.

IMPORTANT: SAVE FOR YOUR TAX RECORDS. Dues payments are Tax Deductible up to 65 percent of the paid amount. WVMA expenditures has allocated 35 percent of your dues for influencing legislation affecting the veterinary medical profession and is a Non-Deductible expense on your Tax Return.