



*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      \_\_\_\_ Large Animal  
\_\_\_\_ Aquatic      \_\_\_\_ Mixed Animal (SA/LA)  
\_\_\_\_ Dairy      \_\_\_\_ Small Animal  
\_\_\_\_ Equine      \_\_\_\_ 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 Academic Affairs, emailed to [wvma@wvma.org](mailto: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