



**88 Beech Street, Essex Junction, VT 05452**  
**(802) 878-6888 voice • (802) 878-2871 fax**  
**www.vtvets.org • info@vtvets.org**

**Application for Membership**  
**VERMONT VETERINARY MEDICAL ASSOCIATION**  
**Requirements for Admission to Membership**  
**Extracts from By-Laws**

**Article 7, Section 1.** *Each application for membership shall be submitted to the Association. All candidates must be eligible for veterinary licensure in the state of Vermont and shall be duly vouched for by two active members in good standing. The application must be accompanied by payment of VVMA dues which sum will be returned to the applicant should he/she fail to be elected to membership.*

**Section 2.** *Veterinary graduates who commence work in Vermont during their first post-graduate year will be extended a complementary membership for a period of one year.*

**Section 3.** *The Executive Board may grant dues-exempt status to any member because of extenuating circumstances.*

**Section 4.** *Any member may propose a candidate for honorary membership. The proposal shall be referred to the Executive Committee and considered by this Committee at its next meeting. The Executive Committee shall then report its action upon said proposal to the Association, and, if favorably recommended, the person shall be voted on by the Association at a subsequent session. A majority of votes cast shall constitute an honorary membership.*

**Section 5.** *Honorary members may take part in debate, but shall not be entitled to vote.*

**Section 6.** *Life members are veterinarians who have been state VMA-dues paying members for thirty-five years (twenty of which must be Vermont VMA membership years). Life members shall be exempt from Association dues. All privileges of membership shall be retained.*

**Section 7.** *Members of the VVMA shall retain their membership only so long as they comply with the provisions of the VVMA By-Laws and the Principles of Veterinary Medical Ethics of the AVMA. Removal of membership shall be on recommendation of the Executive Committee. After giving said member an opportunity to appear, the Executive Committee may, by three-fourths vote, terminate such member from membership in the VVMA or take other actions as deemed appropriate.*

**Vermont Veterinary Medical Association**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby make application for membership in your Association.

I graduated from \_\_\_\_\_ Veterinary School in

the year \_\_\_\_\_.

We, the undersigned vouchers, hereby certify that by reason of personal acquaintance or other reliable information, consider the above named applicant a good candidate for membership. **Vouchers must be current members of the Vermont Veterinary Medical Association.**

VOUCHERS \_\_\_\_\_  
(name) (degree)

\_\_\_\_\_  
(name) (degree)

**Please complete this application and the Member Information form and return both to:** Vermont Veterinary Medical Association, 88 Beech Street, Essex Jct., VT 05452. If you have any questions, please contact Kathy Finnie at (802) 878-6888 or [kathy@vtvets.org](mailto:kathy@vtvets.org).

**Thank you for your membership in the VVMA!**

