

MEMBERSHIP APPLICATION

| Applicant Name | | | |
|--|---------------------------|---|------------------------------|
| Home Address Information | our prefe | erred contac | t method |
| Address | | | County |
| City | State | Z | Zip |
| Phone/Cell | Email | | |
| Work Address Information Check here if this is your preferred contact method | | | |
| Practice/Company/Organization | | | |
| Address | | | County |
| City | State | Z | Zip |
| Phone | Email | | |
| Professional Information Veterinary School Attended | Res | earch/Labor New Gr erinary gradu mont during | atory Government/Military |
| Card Type: Visa Mastercard American | se charge r ı Express. | ny credit card | d |
| Name on Card | | | |
| Card Number 3-digit security code from back of card | | E | xp. Date |
| Dues paid to the VVMA are not deductible for federal tax pu deductible as any ordinary business expense, except that po legislative issues. The VVMA estimates the portion attributa | rtion of du | es payments | related to representation on |

Please return to the VVMA with your payment by:

Email: linda@vtvets.org (Please do not send credit card info via email. Call VVMA office.) Mail: VVMA 76 Beech Street Essex Jct., VT 05452 Questions? Call VVMA at 802-878-6888