



pennsylvania veterinary medical association

advancing animal welfare and human health while ensuring the vitality of the profession



2009 APPLICATION FOR MEMBERSHIP

Recruited By: _____

Pennsylvania Veterinary Medical Association, 12 Briarcrest Square, Hershey, PA 17033; 888-550-7862/FAX 717-533-4761/www.pavma.org

Please print legibly.

Name _____ Date _____
First Middle Last
Home Address _____ City _____ State _____
Zip Code _____ E-mail _____

COMPANY/PRACTICE INFORMATION

Type of practice/activity (i.e., Small, Large, Mixed, Equine, Feline, Extension, etc.) _____

Company/Office Name _____

Office Address _____ City _____ State _____

Zip Code _____ County _____ Diplomate _____

Office Phone () _____ Home Phone () _____ Fax () _____

Preferred method of communication Mail Email Fax Preferred Mailing Address: Office Home

Which address do you wish to appear in the Membership Directory? Office Home

Owner Status: Owner Co-Owner Associate Partner Other: _____

EDUCATION

Undergraduate School _____ Year _____ Degree _____

Veterinary School _____ Year _____

PERSONAL INFORMATION

Date of Birth (Month/Day/Year) _____ Gender: Male Female

Marital Status _____ Spouse's Name _____

Have you ever been a PVMA member? _____ If yes, please give details _____

Local/constituent association to which you belong _____ Office Held _____

Do you have any preference for committee work? _____ if so, areas of interest _____

I hereby apply for membership in the Pennsylvania Veterinary Medical Association. If accepted to membership, I hereby certify to abide by the constitution, bylaws and principles of veterinary medical ethics of the association. In the event of resigning—I agree to pay all indebtedness to the association which may be owing and shown in the records of the organization. Any resignation on my part will be in writing and presented to the board of trustees. I understand my remittance will be returned if my application is not accepted.

Signature of Applicant _____

2009 Graduate

(Complimentary membership for the remainder of 2009. At the beginning of 2010, the 2010 Recent Graduate dues rate will apply.)

Board Action: Approval Date _____ Rejection Date _____