MEMBERSHIP APPLICATION

Vermont Veterinary Medical Association

Applicant Name _____

Home Address Information ☐ *Check here if this is your preferred contact method*

Address _____ County _____

City _____ State _____ Zip _____

Phone/Cell _____ Email _____

Work Address Information ☐ *Check here if this is your preferred contact method*

Practice/Company/Organization _____

Address _____ County _____

City _____ State _____ Zip _____

Phone _____ Email _____

Professional Information

Veterinary School Attended _____ Graduation Year _____

Primary area of Practice (i.e., small, large, mixed, equine) _____

☐ Corporate/Commercial ☐ Academic/Teaching ☐ Research/Laboratory ☐ Government/Military

Specialties, additional certifications, etc. _____

Membership Dues - Calendar Year

☐ Active Member $250 ☐ $125.00 after July 1
An Active Member is a veterinarian who is eligible for veterinary licensure in the state of Vermont.

☐ New Graduate – FREE!
Veterinary graduates who commence work in Vermont during their first post-graduate year receive a free membership for 12 months.

Payment Information

☐ A check made payable to VVMA is enclosed. ☐ Please charge my credit card

Card Type: ☐ Visa ☐ Mastercard ☐ American Express. ☐ Discover

Name on Card _____

Card Number _____ Exp. Date _____

3-digit security code from back of card _____

Dues paid to the VVMA are not deductible for federal tax purposes as charitable contributions. They may be deductible as any ordinary business expense, except that portion of dues payments related to representation on legislative issues. The VVMA estimates the portion attributable to legislative advocacy to be 23% in 2024.

Please return to the VVMA with your payment by:

Email: Katherineg@vtvets.org
(Please do not send credit card info via email.
Call VVMA office.)

Mail: VVMA
109 Dale Ave
Island Pond VT 05846

Questions? Call VVMA at 802-878-6888