



michigan veterinary medical association

Professional excellence.
Compassionate care.**MEMBERSHIP APPLICATION / PAGE 1****APPLICANT'S NAME**

 MALE FEMALE GENDER NOT LISTED DECLINE TO DISCLOSE
HOME ADDRESS

 STREET ADDRESS

 CITY / STATE / ZIP

 COUNTY

 CELL PHONE

 BIRTH DATE

 SIGNIFICANT OTHER

 MAIDEN NAME / OTHER LAST NAME

PREFERRED MAILING ADDRESS: HOME EMPLOYMENT
EMPLOYMENT INFORMATION

 PRACTICE / EMPLOYER'S NAME

 STREET ADDRESS

 CITY / STATE / ZIP

 COUNTY

 PHONE

 WEBSITE

E-MAIL ADDRESS *Required for log-in and communications.
Two individuals cannot share the same e-mail address.*

 E-MAIL ADDRESS
VETERINARIANS ONLY
 1. I DO DO NOT want my practice information listed in the
"Find a Vet" section of the MVMA website.

 2.

 SCHOOL / COLLEGE OF VETERINARY DEGREE

 3.

 VETERINARY DEGREE (i.e., DVM, VMD)

 YEAR OF GRADUATION
PRIMARY POSITION TYPE *Choose one.*

- | | |
|---------------------|-------------------------|
| 1. Practice Owner | 6. Veterinary Assistant |
| 2. Associate | 7. Practice Staff |
| 3. Faculty | 8. Other |
| 4. Practice Manager | 9. Retired |
| 5. LVT | |

MEMBERSHIP TYPES
A full year membership renews one year from your join date.

Regular	\$318.00	<input type="checkbox"/>
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MSU Faculty Member (not adjunct faculty)	\$202.00	<input type="checkbox"/>
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New Graduate (2022 graduation year)	<i>complimentary</i>	<input type="checkbox"/>
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Recent Graduate (2018–2021 graduation years) and non-MSU Residents	\$193.00	<input type="checkbox"/>
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Associate Membership	\$151.00	<input type="checkbox"/>
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*Available to any graduate veterinarian who is not working as a veterinarian
in Michigan, i.e., retired, out-of-state, etc.)*

Veterinary Practice Staff Affiliate	\$88.00	<input type="checkbox"/>
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*Veterinary Practice Staff Affiliates (practice managers, assistants, technicians,
receptionists, and other non-veterinarian practice staff) may join if at least
one veterinarian at their place of employment is an MVMA member.*

 NAME OF MVMA MEMBER
PAYMENT INFORMATION

ANNUAL AUTO-RENEWAL PAYMENT.	} These options are only available when you join online.
MONTHLY AUTO-RENEWAL PAYMENT.	

 CHECK (payable to "MVMA")

 CREDIT CARD:

 PRINT NAME AS IT APPEARS ON CREDIT CARD

 CREDIT CARD NUMBER (VISA/MASTERCARD/DISCOVER)

 CVV (3-DIGIT SECURITY CODE)

 EXP. DATE

 CREDIT CARD BILLING ADDRESS: STREET / APT. #

 CITY / STATE / ZIP

 SIGNATURE

*For tax purposes under the provisions in the Budget Act of 1993: (1) 95% of your dues payment may
be deducted as a normal business expense; (2) dues may not be deducted as a charitable contribution.*
Veterinary Practice Staff Affiliates do not need to complete page 2.



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MEMBERSHIP APPLICATION / PAGE 2

PRIMARY EMPLOYMENT TYPE *Choose one.*

- | | |
|---------------------------------------|---------------------------------------|
| 1. Academia | 14. Non-veterinary Employment |
| 2. Consultant | 15. Not Employed |
| 3. Diagnostic | 16. Other |
| 4. Emergency/Critical Care Medicine | 17. Production Medicine |
| 5. Extension | 18. Public Health |
| 6. Foundation/Charitable Organization | 19. Referral/Specialty Medicine |
| 7. General Medicine/Surgery | 20. Relief |
| 8. Government | 21. Research/Lab Animal |
| 9. House Call | 22. Shelter Work |
| 10. Humane Organization | 23. Veterinary Medical College/School |
| 11. Industry | 24. Veterinary Technician Program |
| 12. Internship/Externship | 25. Zoo Medicine |
| 13. Military | |

PRIMARY SPECIES CATEGORY *Choose one.*

- | | |
|------------------------|-----------------------|
| 1. All | 14. Laboratory Animal |
| 2. Amphibian/Reptile | 15. N/A |
| 3. Aquatic Animal | 16. Non-human Primate |
| 4. Avian (non-poultry) | 17. Ovine/Caprine |
| 5. Bovine (beef) | 18. Porcine |
| 6. Bovine (dairy) | 18. Poultry |
| 7. Canine | 20. Small Animal |
| 8. Cervid | 21. SA/EQ |
| 9. Equine | 22. SA/FA |
| 10. EQ/FA | 23. SA/FA/EQ |
| 11. Exotics | 24. Wildlife |
| 12. Food Animal | 25. Zoo Animal |
| 13. Human | |

PRIMARY MEDICAL DISCIPLINE *Choose one.*

- | | |
|--------------------------------|-----------------------------------|
| 1. Acupuncture | 26. Nutrition |
| 2. Alternative/Complementary | 27. Oncology |
| 3. Anesthesiology | 28. Ophthalmology |
| 4. Animal Behavior | 29. Orthopedics |
| 5. Animal Welfare | 30. Other professional discipline |
| 6. Business/Economics | 31. Pathology |
| 7. Cardiology | 32. Pharmacology |
| 9. Dentistry | 33. Population Medicine |
| 9. Dermatology | 34. Poultry Medicine |
| 10. Disaster Medicine | 35. Production Medicine |
| 11. Emergency/Critical Care | 36. Public Health |
| 12. Endocrinology | 37. Radiology |
| 13. Epidemiology | 38. Rehabilitation |
| 14. Equine | 39. Reptiles |
| 15. Exotics | 40. Research |
| 16. Feline Only | 41. Shelter Medicine |
| 17. Food Animal | 42. Small Animal |
| 18. Holistic Medicine | 43. Small Ruminants |
| 19. Human-Animal Bond | 44. Stem Cell Therapy |
| 20. Internal Medicine | 45. Surgery |
| 21. Laboratory Animal Medicine | 46. Theriogenology |
| 22. Law | 47. Toxicology |
| 23. Manipulation | 48. Virology |
| 24. Neurology | 49. Wildlife Medicine |
| 25. N/A | 50. Zoological Medicine |

BOARD CERTIFICATIONS *Sign in and complete online at www.michvma.org*



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STUDENT AFFILIATE APPLICATION FOR MSU-CVM

APPLICANT'S NAME *Please print clearly.*

 MALE FEMALE GENDER NOT LISTED DECLINE TO DISCLOSE

MAILING ADDRESS

 STREET ADDRESS

 CITY / STATE / ZIP

 COUNTY

REQUIRED FOR MVMA COMMUNICATIONS

 PREFERRED E-MAIL ADDRESS

 HOME CELL

 PHONE

SUPPLEMENTAL INFORMATION

 DEGREE(S) SOUGHT

 ANTICIPATED YEAR OF GRADUATION

CLASS REPRESENTATIVE

- I am interested in becoming a class representative.
Please send me more information.

STUDENT LIAISON

YES! I would be interested in becoming a student liaison on the following committee(s). Please see michvma.org for committee descriptions.

- ANIMAL WELFARE COMMITTEE
- FOOD ANIMAL PRACTICE COMMITTEE
- LEGISLATIVE ADVISORY COMMITTEE
- PUBLIC HEALTH COMMITTEE
- EQUINE PRACTICE COMMITTEE
- WELLNESS TASK FORCE

DUES RATES

Special discount for students who join both SCAVMA and MVMA: MVMA dues rate for first- and second-year student affiliate members is only \$55 — 10% off the original rate! Membership in the MVMA without SCAVMA membership is \$70 for four years.

- Please find my check, made out to "MVMA," enclosed in the amount of \$55 (I'm a SCAVMA member).
- Please find my check, made out to "MVMA," enclosed in the amount of \$70.
- Please charge my Visa / MasterCard / Discover for \$55 (I'm a SCAVMA member).
- Please charge my Visa / MasterCard / Discover for \$70.

 CARD NUMBER

 EXPIRATION DATE

 CVV NUMBER*

 PRINT NAME AS IT APPEARS ON CARD

 SIGNATURE

 DATE

*3- or 4-digit number on back of credit card