



michigan veterinary medical association

*Professional excellence.
Compassionate care.*

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