



Joint Industry (Corporate) Membership Application
The Maryland Veterinary Industry Council (MDVIC)
The Maryland Veterinary Medical Association (MVMA)

This application must be signed by the applicant and accompanied by the full membership dues.

Industry Representative Membership Dues **\$ 100.00**

Membership shall consist of companies doing business in the state of Maryland and/or those that provide goods or services to the veterinary community. Membership is in the name of the Company, with a designated representative. Additional/Alternate representatives may be listed. MDVIC corporate members are considered **"Industry Representatives"** of the MVMA, and may not vote or hold office in the MVMA. Each Company shall receive one (1) vote in MDVIC affairs, and submit input as one voice through the Designated Representative or Alternate. Your membership dues is split between two organizations. **(The Maryland Veterinary Industry Council \$ 75.00 and the Maryland Veterinary Medical Association \$ 25.00).**

Please print

Company _____ Business Address _____

City _____ State _____ Zip _____ County _____

Applicant/Designated Representative: Position/Title _____

First Name _____ MI. _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Please check which address you wish to appear in the directory: Business Home

Business Phone: (_____) _____ - _____ Ext: _____ Fax: (_____) _____ - _____

Designated Rep's Cell Phone: (_____) _____ - _____ Corporate Web Address: _____

Bus. E-Mail: _____ Personal E-Mail: _____

Other Maryland Representatives:

Name: _____	Personal E-Mail: _____
Name: _____	Personal E-Mail: _____
Name: _____	Personal E-Mail: _____
Name: _____	Personal E-Mail: _____

I am interested in participating in the MDVIC on committees or on the board in the future (circle one) Yes No

Payment:

I have enclosed a check in the amount of \$ _____

Please charge my credit card.

Account Number _____ Amount \$ _____

CSC # _____ Billing Address(No PO Boxes) _____ Zip Code _____

Cardholder Signature _____ Exp. Date ____/____/____

Cardholder Name (Please Print) _____

I hereby apply for membership in the Maryland Veterinary Industry Council and the Maryland Veterinary Medical Association. I have enclosed the appropriate membership dues. If accepted to membership, I certify that I will abide by the MDVIC and MVMA Constitution, Bylaws and Principles of Veterinary Medical Ethics. I understand my remittance will be returned if my application is not accepted.

Signature of Applicant: _____ **Date** ____/____/____

MVMA estimates that 12 % of your membership dues are not deductible because of MVMA's lobbying activities on behalf of its members. Your membership dues may be deductible as an ordinary and necessary business expense but are not deductible as a charitable contribution.

Return completed application to MVMA ♦ 8015 Corporate Drive, Suite A ♦ Baltimore, Maryland 21236
or
Fax to: 410-931-2060