



APPLICATION FOR MEMBERSHIP

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

- | | | | |
|--------------------------------------------------------------------|-------------------|--------------------|-------------------|
| <input type="checkbox"/> Regular MVMA Membership Dues | <u>First Year</u> | <u>Second Year</u> | <u>Thereafter</u> |
| <input type="checkbox"/> (Student of a Veterinary Medical College) | Free | Free | Free |
| <input type="checkbox"/> (Less than two years out of school) | \$ 55.00 | \$ 75.00 | \$ 252.00 |
| <input type="checkbox"/> (Two or more years out of school) | \$ 100.00 | \$ 252.00 | \$ 252.00 |
| <input type="checkbox"/> Associate Membership Dues | \$ 100.00 | | |
- (Veterinarians who are residing and/or working in other states who agree to abide by the Principles of Veterinary Medical Ethics and Constitution and Bylaws)

Please print

First Name _____ MI. _____ Last Name _____

Practice Name _____ Office Address _____

City _____ State _____ Zip _____ County _____

Home Address _____ City _____ State _____ Zip _____

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

Type of practice/activity _____
(i.e. small, large, mixed, equine, bovine, feline, extension, research, regulatory, teaching, public health)

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

E-mail Address _____ @ _____ . _____

Undergraduate School _____ Year _____ Degree _____

Veterinary School _____ Year _____ Degree(s) _____

Date of Birth _____ City _____ State _____ Marital Status _____ Spouse's name _____

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

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 Medical Association and have enclosed the appropriate membership dues. If accepted to membership, I certify that I will abide by the 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 ♦ 3230 Maiden Lane, Suite 5 ♦ P.O. Box 26 ♦ Manchester, MD 21102

BOARD CERTIFICATION SPECIALTY

(Please check all that apply)

- American Board of Veterinary Practitioners (**ABVP**)
 - Avian Practice
 - Beef Cattle Practice
 - Canine & Feline Practice
 - Dairy Practice
 - Equine Practice
 - Feline Practice
 - Food Animal Practice
 - Swine Health Management
- American Board of Veterinary Toxicology (**ABVT**)
- American College of Laboratory Animal Medicine (**ACLAM**)
- American College of Poultry Veterinarians (**ACPV**)
- American College of Theriogenologists (**ACT**)
- American College of Veterinary Anesthesiologists (**ACVA**)
- American College of Veterinary Behaviorists (**ACVB**)
- American College of Veterinary Clinical Pharmacology (**ACVCP**)
- American College of Veterinary Dermatology (**ACVD**)
- American College of Veterinary Emergency and Critical Care (**ACVECC**)
- American College of Veterinary Internal Medicine (**ACVIM**)
 - Specialty of Cardiology
 - Specialty of Neurology
 - Specialty of Oncology
- American College of Veterinary Microbiologists (**ACVM**)
- American College of Veterinary Nutrition (**ACVN**)
- American College of Veterinary Ophthalmologists (**ACVO**)
- American College of Veterinary Pathologists (**ACVP**)
- American College of Veterinary Preventive Medicine (**ACVPM**)
- American College of Veterinary Radiology (**ACVR**)
- American College of Veterinary Surgeons (**ACVS**)
- American College of Zoological Medicine (**ACZM**)
- American Veterinary Dental College (**AVDC**)

PLEASE CONSIDER VOLUNTEERING FOR AN MVMA COMMITTEE LISTED BELOW.

- | | | |
|-----------------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Disaster Medicine | <input type="checkbox"/> Legislative | <input type="checkbox"/> Website |

AREA OF EXPERTISE: (SPECIES SPECIFIC)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |



Maryland Veterinary Medical Association

3230 Maiden Lane, Suite 5 ♦ P.O. Box 26 ♦ Manchester, MD 21102
(443) 507-6500 ♦ www.mdvma.org ♦ Fax (443) 507-6519