



# Maryland Veterinary Medical Association

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

## APPLICATION FOR RETIRED VETERINARY MEMBERSHIP

### ARTICLE XII, SECTION 3 - MVMA BYLAWS

**Retired members** must submit this application stating the basis upon which the application is made, such request to be presented to the Board of Directors for approval. The member should be retired from the veterinary profession, 60 years of age or physically disabled. They shall have been members of the MVMA for ten (10) years. Retired members shall have the same privileges as active members in debate and shall have the right to vote.

**Retired MVMA Membership Dues** **\$ 100.00**

*Please print*

First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of practice/activity before retirement: \_\_\_\_\_  
*(i.e. small, large, mixed, equine, bovine, feline, extension, research, regulatory, teaching, public health)*

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Undergraduate School \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_

Veterinary School \_\_\_\_\_ Year \_\_\_\_\_ Degree(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

How long have you been a member of MVMA? \_\_\_\_\_

Local/Constituent Association to which you belong \_\_\_\_\_ Office Held \_\_\_\_\_

### 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.

- Continuing Education
- Disaster Medicine
- Membership
- Legislative
- Public Relations
- Website

### AREA OF EXPERTISE: (SPECIES SPECIFIC)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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