

**DELAWARE VETERINARY MEDICAL ASSOCIATION**



**REQUIREMENTS FOR ADMISSION TO MEMBERSHIP**

Each application for membership shall be submitted in the applicant's own handwriting upon one of the application blanks of the Association. The application must be accompanied by two hundred dollars (\$200) to cover the membership fee and the first year's dues. Annual dues will be determined by the Executive Committee.

Only those who have been graduated from a College of Veterinary Medicine or have received accreditation by the American Veterinary Medical Association shall be admitted to active membership.

**APPLICATION FOR MEMBERSHIP**

**TO THE DELAWARE VETERINARY MEDICAL ASSOCIATION:**

I hereby make application for membership in your Association. I was graduated from

\_\_\_\_\_ in the year \_\_\_\_\_. My professional education was as follows:

|                  |                  |                |                 |
|------------------|------------------|----------------|-----------------|
| Pre-professional | _____            | _____          | _____           |
|                  | College attended | years attended | degree received |
| Professional     | _____            | _____          | _____           |
|                  | College attended | years attended | degree received |
| Post Doctoral    | _____            | _____          | _____           |
|                  | College attended | years attended | degree received |

I agree to abide by the Articles and/or By-laws of the Delaware Veterinary Medical Association

\_\_\_\_\_ Signature \_\_\_\_\_ Degree

Please print:

Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

(w) \_\_\_\_\_ (fax) \_\_\_\_\_

(e-mail) \_\_\_\_\_ Area of Practice \_\_\_\_\_

Complete and return to: Lynn M. Appel, Exec. Dir., DVMA, 937 Monroe Terr., Dover, DE 19904