



## 2018 APPLICATION FOR MEMBERSHIP

Recruited By: \_\_\_\_\_ Date: \_\_\_\_\_

This application should be filed with the Secretary-Treasurer. It should be signed by the applicant and accompanied by the annual dues. Please print or type.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  VMD  DVM  CVT  Other (please indicate above)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**COMPANY/PRACTICE INFORMATION**

Type of practice/activity (i.e., Small, Large, Mixed, Equine, Feline, Extension, etc.) \_\_\_\_\_

Company/Office Name \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Board Certification(s) \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Preferred method of communication  Mail  Email Preferred Mailing Address:  Office  Home

Which address do you wish to appear in the Membership Directory?  Office  Home

Owner Status:  Owner  Co-Owner  Associate  Partner  Other: \_\_\_\_\_

**EDUCATION**

Veterinary School (if applicable) \_\_\_\_\_ Year \_\_\_\_\_

Veterinary Technology School (if applicable) \_\_\_\_\_ Year \_\_\_\_\_

**PERSONAL INFORMATION**

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender:  Male  Female Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Have you ever been a DVMA member? \_\_\_\_\_ If yes, please give details \_\_\_\_\_

I hereby apply for membership in the Delaware Veterinary Medical Association. I certify to abide by the constitution, bylaws and principles of veterinary medical ethics of the association. In the event of resigning—I agree to pay all indebtedness to the association which may be owing and shown in the records of the organization. Any resignation on my part will be in writing and presented to the Executive Board. I understand my remittance will be returned if my application is not accepted.

Signature of Applicant \_\_\_\_\_

**DUES** (Annual dues are as listed below.) \$ \_\_\_\_\_

- Veterinarian Member - \$250  New Graduate Veterinarian Member (2017 Graduate) - \$100  Veterinary Technician Member - \$40 Support Staff Member - \$40

**PAYMENT**  Check  Credit Card:  Visa  MasterCard

Name as it Appears on Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3-digit Security Code (as it appears on the back of the card) \_\_\_\_\_ Signature \_\_\_\_\_