

# Montana Veterinary Medical Association



P.O. Box 6322, Helena, MT 59604  
(406) 447-4259

## APPLICATION FOR STUDENT MEMBERSHIP IN THE MONTANA VETERINARY MEDICAL ASSOCIATION

I hereby make application for membership in the Montana Veterinary Medical Association:

Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street or Box City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Attending: \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_  
School

### Membership status:

\_\_\_\_\_ Student -- \$10; currently attending a College of Veterinary Medicine in good status

### Three References: (Must be veterinarians)

Name \_\_\_\_\_ City \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_

A check, payable to the MVMA for \$10 is enclosed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail application to MVMA, PO Box 6322, Helena, MT 59604.**