

**APPLICATION FOR MEMBERSHIP
IN THE
MONTANA VETERINARY MEDICAL ASSOCIATION**

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

Name _____ DVM ___ VMD ___ Clinic _____

Mailing address _____
Street or Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I graduated from _____
Veterinary School _____ Month _____ Year _____ License # _____

Membership status:

_____ **Active member** -- \$85; full benefits of association; must be licensed in Montana

_____ **Affiliate member** -- \$75; veterinarians living out of state; must be member of state association in which currently residing

_____ **Life member** – No charge; must be 65 years of age and have been a member of the Montana Veterinary Association for 25 years

Year joined MVMA: _____ Your birth date _____

I would be interested in serving on a MVMA committee:

- | | | |
|--|------------------------------|------------------------------|
| _____ Animal Welfare | _____ Disaster Preparedness | _____ Nominations |
| _____ Budget/Finance | _____ Equine | _____ Resolutions |
| _____ CE/Programs | _____ Eulogy | _____ Veterinary Technicians |
| _____ Companion Animals | _____ Food Animal/Regulatory | _____ Wellness |
| _____ Complementary & Integrative Medicine | _____ Legislative | |

Three References: (Must be veterinarians licensed in Montana.)

Name _____ City _____

Name _____ City _____

Name _____ City _____

For auxiliary records my spouse's name is _____
Optional

A check for \$ _____ is enclosed.

Signature _____ Date _____

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

Contributions or gifts to the MVMA are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. MVMA estimates that the nondeductible portion of your dues, the portion that is allocable to lobbying is 15%.