



Application for Membership

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

The objectives of the association are to advance the science and art of veterinary medicine including their relationship to the public health and agriculture. A member shall retain his/her membership as long as he/she complies with the provisions of the Constitution and By-Laws and with the principals of Ethics of the American Veterinary Medical Association.

Name _____

Mailing address _____
Street or Box City State Zip

Email for communication _____ Birth date _____
For future Life Membership purposes.

Information for free web listing: Do not list my email on website Do not list any of my information on website
Even if you choose not to be listed on our website, please still complete the below information, if applicable, for association records.

Clinic name _____

Clinic address _____
Street or Box City State Zip

Phone _____ Email _____ Website _____

I graduated from _____
Veterinary School Month Year

Seeking Membership Status in the Category Checked:

_____ **Active member:** \$100: full benefits of association; must be licensed in Montana. Provide copy of license.

_____ **Affiliate member:** \$75: veterinarians living out of state; must be member of state association in which currently residing. Provide copy of license.

_____ **Life member:** No charge: must be 65 years of age and have been a member of the MVMA for 25 years.

Do you have any board certifications or specialties you would like to list? _____

- I am interested in serving on the MVMA Executive Board—meets twice annually with the Winter and Summer Meetings.
 I am interested in being considered for an appointment to the Board of Veterinary Medicine.

Are you interested in serving on any MVMA Committees?

- Animal Welfare
 Budget and Finance
 CE/Program
 Companion Animal
 Disaster Preparedness
 Eulogy

- Food Animal/Regulatory
 Legislative
 Nominations
 Veterinary Technicians
 Wellness
 NONE

MUST INCLUDE COPY OF LICENSE – REQUIRED FOR FINAL APPROVAL OF APPLICATION.

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%.