Arizona Veterinary Medical Association

2019 Application for AzVMA
6-month Complimentary Membership

Please complete the following application and mail it with a copy of your current state veterinary license (required to process and activate your membership), to 100 W Coolidge St., Phoenix, AZ 85013.

*****Optional - include a headshot for inclusion of our Annual Membership Directory*****

Applicant Information

Name: _____

Home Address: _____
City State Zip

Phone: _____ Cell: _____ Date of Birth: ____/_____/_____ ☐ Male ☐ Female

Email: _____ Alternate Email: _____

Degree: _____ Diplomate/Certification: _____
School Year Degree

Mail to: ☐ Home ☐ Business

Business Information

Practice Name: _____ ☐ Owner ☐ Responsible Veterinarian ☐ Associate

Practice Address: _____
City State Zip

Business Phone: _____ Fax: _____ Type of Practice: ☐ Small ☐ Large ☐ Mix ☐ Relief ☐ Academic

Website: _____ ☐ Exotics ☐ Zoo ☐ Mobile ☐ Gov't ☐ Equine

Do You Provide: ☐ Boarding ☐ Grooming ☐ Microchipping ☐ Licensing

Areas of Interest

Please select up to **FIVE (5)** Areas of Interest to list in your Annual Membership Directory profile.

___ Acupuncture	___ Dermatology	___ Hematology	___ Orthopedics	___ Soft Tissue Surgery
___ Allergy	___ Diabetes	___ Immunology	___ Pain Management	___ Sports Medicine
___ Alternative Therapy	___ Emergency	___ Infectious Disease	___ Pathology	___ Stem Cell Therapy
___ Anesthesiology	___ Endocrine	___ Intensive Care	___ Podiatry	___ Surgery
___ Avian	___ Endoscopy	___ Internal Medicine	___ Preventative	___ Toxicology
___ Behavior	___ Epidemiology	___ Lameness	___ PT/Rehab	___ TPLO Certified
___ Cardiology	___ Equine	___ Laser Surgery & Therapy	___ Public Health	___ Urology
___ Chiropractic	___ Exotics	___ Neurology	___ Radiology	___ Vestibular Disease
___ Coccidioidomycosis	___ Genetics	___ Nutrition	___ Reproduction	___ Wildlife
___ Diagnostic Screening	___ Geriatrics	___ Oncology	___ Reptiles	
___ Dentistry	___ Hearing	___ Ophthalmology	___ Shelter Medicine	

Signature constitutes acceptance of and intention to be bound by the Articles of Incorporation, Constitution, and Bylaws of this Association and the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association together with all amendments, present and future, of such Articles, Constitution, Bylaws, or Principles of Veterinary Medical Ethics which may be duly adopted pursuant to the provisions thereof, and to continuously strive for the advancement of the profession. I am aware that my application must be accompanied by a copy of my current state veterinary license or acceptable alternative and approved by the Board of Directors. If there are changes to my contact information, I understand it is my responsibility to update my member profile online or notify the AzVMA office in writing immediately. Questions should be sent to membership@azvma.org or call the AzVMA office at 602-242-7936.

Signature: _____ Date: _____

Mail Remittance to: AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013

fax completed form to 602-249-3828 or email to membership@azvma.org

AzVMA policy prohibits the disclosure or distribution of its members' emails or their personal information for any purpose.