

# New Jersey Veterinary Medical Association

## Application For Student Membership

### PLEASE NOTE:

NJVMA Student Membership is COMPLIMENTARY.

Your Student Membership term expires on the date in which you graduate from Veterinary school.

Full Name

Email Address

Mailing Address

City, State, Zip

Primary Phone Number

Student ID #

Veterinary School Name

Year of Graduation

### AREAS OF INTEREST/STUDY

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alternative Medicine (ALT) | <input type="checkbox"/> Industrial (IND)        | <input type="checkbox"/> Research (RES)           |
| <input type="checkbox"/> Emergency (EMERG)          | <input type="checkbox"/> Laboratory Animal (LAB) | <input type="checkbox"/> Small Animal (SA)        |
| <input type="checkbox"/> Equine (EQ)                | <input type="checkbox"/> Large Animal (LA)       | <input type="checkbox"/> Small Ruminants (SM RUM) |
| <input type="checkbox"/> Exotics (EX)               | <input type="checkbox"/> Mixed Practice (MP)     | <input type="checkbox"/> Teaching (TEACH)         |
| <input type="checkbox"/> Feline (FEL)               | <input type="checkbox"/> Mobile (MOB)            | <input type="checkbox"/> Zoo (ZOO)                |
| <input type="checkbox"/> Government (GOV)           | <input type="checkbox"/> Referral (REF)          |   |
| <input type="checkbox"/> House Calls (HC)           | <input type="checkbox"/> Relief (REL)            |   |

### MENTORSHIP PROGRAM

The NJVMA offers a free mentorship program for New Jersey residents attending veterinary school. You have the opportunity to be matched with an NJVMA member who is available to answer any of your questions regarding veterinary medicine. Participation in the program is voluntary for both students and NJVMA members. If you choose to participate, please understand that NJVMA members put considerable time and effort into contacting you and it is expected that you will also participate in the program by corresponding with your mentor via e-mail throughout the year.

Are you interested in participating in the mentorship program?  Yes  No

If Yes, please note any special requests for a mentor:

\_\_\_\_\_  
Geographic Location  Practice Owner Mentor  Recent Graduate Mentor

### NOTICE OF CONSENT

Application for membership in the NJVMA constitutes consent for the association to communicate with you via phone, fax, e-mail or mail. Providing a personal email address constitutes consent for the association to communicate with Individuals via e-mail.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return by email, fax, or mail:

Fax to (908) 450-1286

Email to [info@njvma.org](mailto:info@njvma.org)

## New Jersey Veterinary Medical Association

390 Amwell Road, Suite 402, Hillsborough, NJ 08844

t: (908) 281-0918 • f: (908) 450-1286

[info@njvma.org](mailto:info@njvma.org) • [www.njvma.org](http://www.njvma.org)