



2017 NVMA MEMBERSHIP APPLICATION

IMPORTANT: Please check your preferred mailing address:

- Practice Address
- Home Address

Name: _____
Practice Name: _____
Address: _____
City/State/Zip: _____ **E-mail Address:** _____
Phone: _____ Fax: _____ Website: _____

Home Address: _____
City/State/Zip: _____

Veterinary College: _____ Year of Graduation: _____
Board Certifications: _____

PRACTICE TYPE (check ALL that apply):

Small Animal Food Animal Mixed Equine Avian Exotic Laboratory Animal Teaching/Research Pharmaceutical Industry
 Amphibians, Reptiles, Aquatic Regulatory Public Health Retired Relief Other: _____

- Active Membership \$205.00*
- New Graduate Membership
(available to any 2017 CVM graduate) *COMPLIMENTARY*
- Retired \$100.00*
- Nevada Licensed Veterinary Technician (LVT) \$50.00
- Student *COMPLIMENTARY*

Total Due: \$ _____

*Includes a \$25 voluntary contribution to the NVMA PAC which supports candidates for office in the Nevada State Legislature who will be supportive of veterinary issues. Voluntary contributions for the PAC are nondeductible. If you do not wish to contribute, you may subtract this amount from your dues payment.

Method of Payment: Check (payable to NVMA) MasterCard VISA

Credit Card #: _____

Expiration Date: _____ V-Code: _____
(on back of card)

Name on Card: _____

Mailing Address for Card: _____

City: _____ Zip: _____

Authorized Signature: _____