

MEMBERSHIP APPLICATION

NEW MEMBER _____

RENEWAL _____

UNIFORMED VETERINARY MEDICINE ASSOCIATION

Mr ____ Ms ____ Dr ____ Rank or Grade _____ Active ____ Retired _____

Name (Last, First, MI):

Name of Spouse:

Current address:

City:

State:

Zip:

Phone:

Cell:

Fax:

Email:

Last MOS or Job Title Held:

Dates of Veterinary Service

From:

To:

MEMBERSHIP CATEGORY / ANNUAL DUES

(Please indicate amount paid and if payment is for multiple years; i.e. \$60 / 3 years; or \$100 / 5 years , etc)

General: (\$20) –(spouse included)

Student: (\$10) -

Affiliate (\$10) Current AREVP member or similar (please list):

Honorary – (Board of Directors action) -

Sustaining – (Business Application) –Contact Board at Address Below

TOTAL DUES PAID _____

ADDITIONAL SUPPORT LEVELS

Platinum – (\$1,000 & above) – **(Life membership included)**

Gold – (\$500 – 999) – **(Life membership included)**

Silver – (\$300 – 499)

Bronze – (\$100 – 299)

Other (Please Specify)

WOULD YOU LIKE TO BE RECOGNIZED FOR YOUR ADDITIONAL SUPPORT ? YES _____ NO _____

Total Amount Enclosed (Checks Only Please) \$ _____

As 501©(3) corporation, Your donation to UVMA is eligible for a tax deduction as allowed by law.

SUBMIT COMPLETED APPLICATION WITH PAYMENT TO:

**UNIFORMED VETERINARY MEDICINE ASSOCIATION
ATTN: SECRETARY
PO BOX 341123
FORT SAM HOUSTON, TX 78234**

My name, phone no., and email address may be shared with Association members: YES _____ NO _____

Signature of applicant:

Date: