



WYOMING VETERINARY MEDICAL ASSOCIATION

PO Box 241, Timnath, CO 80547 • PHONE: 800.272.1813 • FAX: 877.334.2565 • EMAIL: info@wyvma.org

2018-19 MEMBERSHIP APPLICATION

To update your WVMA membership, you may renew online at www.WYVMA.org or return this form with payment. Please note corrections or changes where needed. Thank you!

Name: _____

Business/Clinic Name: _____

Business Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____

My Legislative District: _____ My State Senator: _____

My House Reps: _____ VIP Client (e.g. Senator, Governor): _____

Please do not publish my clinic info (name, address, phone, website) on the WVMA website, as part of the member directory.

SELECT YOUR MEMBERSHIP LEVEL (All memberships run from April 1, 2018 to March 31, 2019) **Amount** **Subtotal**

WVMA Annual/Active Member..... \$80 _____

Life Member (Requirements: An active WVMA member for a minimum of 35 years, over 65 years of age, retired from active practice, and approved by the WVMA Board of Directors)..... \$0 _____

OPTIONAL

WVMA PAC Contribution (\$35 suggested)..... \$35 _____

PAYMENT INFORMATION **TOTAL ENCLOSED** \$ _____

Check # _____ **Enclosed** (payable to WVMA)

Credit Card: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Card Number: _____ **Exp. Date:** _____

Full Billing Address: _____

Name on Card: _____ **Signature:** _____

Please return completed membership form along with payment to the WVMA.

MAIL: WVMA, PO Box 241, Timnath, CO 80547 • **FAX:** 877.334.2565 • **EMAIL:** Scan and email to info@wyvma.org

(Payments to the WVMA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code as business expenses.)