



Wyoming Veterinary Medical Association



2017-18 Membership Application

PO Box 241; Timnath, CO 80547

PH: 800-272-1813 • Fax: 877-334-2565 • info@wyvma.org

Please Note - This is not a Wyoming licensing form.

You can also renew online at www.wyvma.org

Name: _____ Designation (DVM, VMD, PhD, etc.): _____

Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____ Clinic Web Address: _____

My Legislative District is: _____ VIP Client (Legislator, Governor) _____

My State Senator is: _____ My House Reps are: _____

Type of practice (circle all that apply): Food Animal / Small Animal / Mixed / Equine / Exotic / Other _____

Home Phone: _____ Home Address: _____

Please do not publish clinic info on website

DUES PAYABLE UPON RECEIPT - April 1, 2017 to March 31, 2018

WVMA Annual/Active Membership Dues \$80 _____

WVMA Life Member \$ 0 _____

(Life members must be approved by WVMA Board. To qualify you must have been active WVMA member for at least 35 years, over 65 years of age AND retired.)

Wyoming PAC Contribution (voluntary - \$35 suggested) \$35 _____

Total enclosed: \$ _____

Check # _____ Enclosed

Visa/MasterCard/Discover/AMX - Name on Card _____

Card #: _____ Exp: ____/____

Address filed with Credit Card Company: _____

Signature: _____

Fax this form to 877-334-2565 for credit card acceptance. *Your statement will report a charge from "Vet Med Assn 800-272-1813".* No debit cards please. 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. **THANK YOU!**