

# MEMBERSHIP

## 2018 MEMBERSHIP APPLICATION

ALL memberships expire December 31, 2018

Name: \_\_\_\_\_ Title/Degree: \_\_\_\_\_

Business Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinary School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Step 1 - Select your membership level		Amount	Subtotal
<input type="checkbox"/>	<b>PREMIUM</b>	\$635	
<b>Optional benefits for Premium Members</b> Please include a form for each veterinarian or practice manager being included.			
<input type="checkbox"/>	Discounted CORE membership for veterinarians at practice _____ # of veterinarians @ \$345 each (write amount in subtotal column)	\$345	
<input type="checkbox"/>	<b>FREE</b> CORE Membership for non-veterinarian practice manager	\$0	
<input type="checkbox"/>	<b>CORE - SELECT APPROPRIATE DUES AMOUNT BELOW</b>		
<input type="checkbox"/>	CORE - Veterinarian	\$379	
<input type="checkbox"/>	CORE - Recent Graduate (2016 & 2017 graduates)	\$190	
<input type="checkbox"/>	CORE - New Graduate (2018 graduates)	\$0	
<input type="checkbox"/>	CORE - Retired	\$97	
<input type="checkbox"/>	CORE - Affiliate (Non Veterinarian)	\$229	
<input type="checkbox"/>	<b>BASIC</b>	\$265	

MOST POPULAR

Step 2 - Complete your chapter membership - <i>required</i>		Amount	Subtotal
To determine which chapter you belong to and whether there are any chapter dues, please see the enclosed chapter information sheet and write in the information below.			
<input checked="" type="checkbox"/>	<b>CVMA Chapter #</b> _____	\$ _____	
<input type="checkbox"/>	_____ # of veterinarians @ _____ each (write amount in subtotal column)	\$ _____	
(For <i>premium members</i> adding additional veterinarians only)			

Continued on reverse...

# MEMBERSHIP

Optional Donations	Amount	Subtotal
<input type="checkbox"/> PetAid Colorado	\$ _____	
<input type="checkbox"/> Send-A-Student: _____ # of scholarships @ \$150/student	\$ _____	
<input type="checkbox"/> CVMA Political Action Committee	\$ _____	

*The CVMA Board of Directors approved the formation of a Political Action Committee (PAC) to help advance CVMA's public policy initiatives. The CVMA PAC collects campaign contributions from members and uses those pooled resources to help elect candidates to public office who share CVMA's interests and concerns about policy issues. For more information visit colovma.org.*

**GRAND TOTAL \$ \_\_\_\_\_**  
(Membership level, chapter dues, and donations)

Payment Information	
<b>Payment Options:</b> <input type="checkbox"/> One-time payment <input type="checkbox"/> 6 installments (credit card only - card will be automatically charged)	
<input type="checkbox"/> Check enclosed (payable to CVMA) <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Card Number _____	Exp Date _____ Security Code _____
Full Billing Address _____	
Name on Card _____	Signature _____

**Please return completed membership form along with payment to CVMA**

**MAIL:** CVMA, 191 Yuma Street, Denver, CO 80223

**FAX:** 303.318.0450 or 303.318.0449

**EMAIL:** Scan and email to [info@colovma.org](mailto:info@colovma.org)

**Join online anytime at [colovma.org/membership](http://colovma.org/membership)**

**Tax Information**

*CVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except that portion attributable to CVMA lobbying activities, which is estimated to be 6.5%.*

**Privacy Policy**

By providing your name and address information, you agree that this information may be included in the searchable online member directory and may be used and distributed as provided in CVMA's Privacy Policy, which can be found on CVMA's website at [www.colovma.org](http://www.colovma.org). For a printed copy of CVMA's Privacy Policy, call 303.318.0447 or toll free 800.228.5429.