



More options
 More support
 More value



2017 MEMBERSHIP APPLICATION

ALL memberships expire December 31, 2017

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

PREMIUM

\$615

Optional benefits for Premium Members

Please include a form for each veterinarian or practice manager being included.

Discounted CORE membership for veterinarians at practice

_____ # of veterinarians @ \$332 each (write amount in subtotal column)

\$332

FREE CORE Membership for non-veterinarian practice manager

\$0

CORE - SELECT APPROPRIATE DUES AMOUNT BELOW

CORE - Veterinarian

\$369

CORE - Recent Graduate (2015 & 2016 graduates)

\$185

CORE - New Graduate (2017 graduates)

\$0

CORE - Retired

\$93

CORE - Affiliate (Non Veterinarian)

\$221

BASIC

\$255

MOST POPULAR

Step 2 - Complete your chapter membership - *required*

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.

CVMA Chapter # _____

\$ _____

_____ # of veterinarians @ _____ each (write amount in subtotal column)

\$ _____

(For premium members adding additional veterinarians only)

Continued on reverse...



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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

Payment Options: One-time payment 6 installments (credit card only – card will be automatically charged)

Check enclosed (payable to CVMA)
 Credit Card: Visa MasterCard Discover 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

Join online anytime at 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. For a printed copy of CVMA's Privacy Policy, call 303.318.0447 or toll free 800.228.5429.