

MEMBERSHIP

2019 MEMBERSHIP APPLICATION

ALL memberships expire December 31, 2019

Name: _____ Title/Degree: _____

Business Name: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Veterinary School: _____ Graduation Year: _____

MOST POPULAR

Step 1 - Select your membership level		Amount	Subtotal
<input type="checkbox"/>	PREMIUM	\$635	
Optional benefits for Premium Members <i>Please include a form for each veterinarian or practice manager being included.</i>			
<input type="checkbox"/>	Discounted CORE membership for veterinarians at practice _____ # of veterinarians @ \$349 each (<i>write amount in subtotal column</i>)	\$349	
<input type="checkbox"/>	FREE CORE Membership for non-veterinarian practice manager	\$0	
<input type="checkbox"/>	CORE - SELECT APPROPRIATE DUES AMOUNT BELOW		
<input type="checkbox"/>	CORE - Veterinarian	\$385	
<input type="checkbox"/>	CORE - Recent Graduate (2017 & 2018 graduates)	\$195	
<input type="checkbox"/>	CORE - New Graduate (2019 graduates)	\$0	
<input type="checkbox"/>	CORE - Retired	\$98	
<input type="checkbox"/>	CORE - Affiliate (Non Veterinarian)	\$230	
<input type="checkbox"/>	BASIC	\$280	

Step 2 - Complete your chapter membership - <i>required</i>		Amount	Subtotal
<i>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.</i>			
<input checked="" type="checkbox"/>	CVMA Chapter # _____	\$ _____	
<input type="checkbox"/>	_____ # of veterinarians @ _____ each (<i>write amount in subtotal column</i>) <i>(For premium members adding additional veterinarians only)</i>	\$ _____	

Continued on reverse...

MEMBERSHIP

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

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

Payment Information	
Payment Options: <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

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.