

Central California Veterinary Medical Association

2019 Membership Application

First Name		Last Name	
Practice Name			
Street Address		City	Zip
Contact Phone		Fax	
Board Certified (please list)			
Relief Veterinarian *			
* Relief doctor listing is FREE for CCVMA member DVM's.			
Any Veterinarian may search the CCVMA database for relief doctors			
Special Interests/ Services? Please check as many as apply:			
Language Proficiency:			
House call:			
Exotics:			
Acupuncture__	Avian__	Behavior__	Chiropractic__
Dermatology__	Feline__	Fish__	Geriatrics__
Internal Med__	Rehab__	Sx__	Reproduction__
The information you provide will NOT be public			
Home Address	City		Zip
Personal Phone			
Email*			
*CCVMA will use your email address to notify you of meetings, events, CE, volunteer opportunities, the monthly newsletter and membership renewal info. By providing this email address, you agree to receive this information. CCVMA will NOT share your personal info with any other entity. If you are not a member of the CCVMA, you NOT receive the monthly newsletter, and there is a fee for all CE, prices will vary.			

x _____ Date _____

I agree to uphold the standards of the Central California Veterinary Medical Association.
 I agree to pay promptly my annual dues to keep my membership and voting privileges in force.

Annual Dues: Newsletter via Email, Postmarked by Jan 2019		Only USPS
Regular DVM	\$70	\$90
Veterinary Techs	\$70	\$90

New Graduate Dues Free for first 6 months after graduation.

Please enclose a check for dues payable to the CCVMA. If you are paying for multiple memberships, please provide a separate application for for each individual member.

Mail check to: **CCVMA Membership 1639 N. Fresno Street, Fresno Ca. 93703**