CVMA
Chicago Veterinary Medical Association

100 Tower Drive
Suite 234
Burr Ridge, IL 60527
(630) 325-1231
cvma@chicagovma.org

Submit membership application to:

Chicago Veterinary Medical Association
100 Tower Drive · Suite 234
Burr Ridge, IL 60527
Phone: (630) 325-1231
Email: cvma@chicagovma.org

Membership Application

Please complete all fields within this application and submit it to the CVMA office.
Applications are reviewed and presented for approval at the next Executive Board Meeting. You will be notified of acceptance.

Professional Information

Clinic/Hospital or University: _____

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

Phone: _____

Personal Information

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

Home Phone: _____ Cell Phone: _____

Email: _____

Which address do you prefer we use for your mailing address? ❍ **Professional** ❍ **Personal**

Additional Information

Date of Birth: _____ School: _____ Year of Graduation: _____

Home Phone: _____ Cell Phone: _____

Illinois Veterinary License #: _____

Membership Agreement

By submitting this application, I agree: (Please review and initial/mark each applicable item)

1. ❍ To enclose the $25.00 application fee with this application. **(waived for Student Applicants)**
2. ❍ To enclose applicable dues in the amount payable::

   ❍ $295.00 = Annual Membership

   Note: Please call 630.325.1231 if joining mid-year for pro-rated membership dues pricing.

   ❍ $0.00 = New Graduate for first 12 months from graduation

   ❍ $0.00 = Student Membership

3. ❍ To abide by the constitution and bylaws and policies of this association.

"I am of good moral character and reputation and agreeable to maintaining standards, personally and professionally, which will foster growth and improvement of Veterinary Medicine, and will abide by the statutes of the State of Illinois governing the practice of Veterinary Medicine and Surgery and with the Veterinary Medical Ethics set forth by the AVMA. I have no pending action against me through the Illinois Department of Professional Regulation. I will notify the Executive Board if any such action is brought against me prior to consideration of my application at the CVMA General Meeting."

Applicant Signature: _____ **Date:** _____