



Miami Valley Veterinary Medical Association
(937)228-2425 miamivalleyvma.org

2020 NEW MEMBERSHIP REGISTRATION

Name _____ Today's date _____

Clinic/Employer: _____

Preferred Mailing Address -Street: _____

City/State/Zip Code: _____ County _____

Address is Work Home

Phone Numbers Work _____ FAX _____

 Cell _____ Home _____

Email _____

Vet School _____ Graduation year _____

Post doctorate degrees/Institution/year _____

Specialty or special veterinary interests _____

Would you be interested in serving on an MVVMA Committee or the 2020 Board? Yes No

Comments/Suggestions for CE speakers/topics/locations _____

MVVMA lifetime membership is based upon 35 years of consecutive membership in local/regional veterinary medical association(s). Please answer the following questions to help determine your lifetime membership eligibility: (State & National organizations are not considerations for MVVMA lifetime membership)

Are you a current member in good standing with a local veterinary association? Yes No

If yes, please identify the association(s) _____

First year of consecutive membership in that association _____

Please list any other local/regional veterinary association memberships and years of membership(s) in each: _____

Dues for 2020 -please return this form with your **check or money order payable to MVVMA**

New member Jan 1 - May 31: \$160 Previous/non-2019 member Jan. 1 - Sept. 30: \$185

New member June 1 - Sept. 30: \$100 2019 members: do not use this form, use renewal

2020 Graduates: no fee for 2020

Mail to: MVVMA

P.O. Box 442
Medway, OH 45341

Questions: Dr. Linda Kohl, Treasurer

MVVMA phone 937-228-2425
miamivalleyvma@gmail.com