2017
MCVMA MEMBERSHIP APPLICATION

LAST NAME	FIRST NAME	TITLE (DVM, VMD, RVT)
ADDRESS	CITY	ZIP
CELL PHONE	E-MAIL	

Would you like to be updated via text message regarding upcoming meetings or events? Yes ☐ No ☐

Can we list your name and clinic information on the MCVMA website? Yes ☐ No ☐

CLINIC NAME		
ADDRESS	CITY	ZIP
CLINIC PHONE		CLINIC FAX

Membership Category:		
	Active Member	$110.00 ☐
	Associate Member*	$55.00 ☐
	RVT Member	$35.00 ☐
	CVA/Hospital Staff	$20.00 ☐
		Please Check One Box

PLEASE MAIL MEMBERSHIP FEE TO:

MCVMA
P.O. BOX 2493
MILL VALLEY, CA 94942

Note: All DVM (or equivalent) and RVT members will receive CE credit for attending lectures. Member benefits include discounted prices for CE dinners (free if sponsored), the MCVMA newsletter, and invitations to MCVMA social events, and being an active community supporter.

Associate Member*: These are members who *both* work and live outside of Marin County.

Checks should be made payable to MCVMA.

Please feel free to copy this form to share with others. **THANK YOU for supporting your local veterinary association!**

Professional Camaraderie • Continuing Education • Charity • Political Action • Service

For MCVMA use:

Check Number:_____