## 2020 MCVMA MEMBERSHIP APPLICATION

LAST NAME	FIRS	ST NAME	TITLE (DVM, VMD, RVT)
ADDRESS	CITY	Υ	ZIP
CELL PHONE		AIL	
Would you like to be updat	ed via text message regardin	ng upcoming meetings or events?	Yes No No
Can we list your name and	clinic information on the MO	CVMA website?	Yes No No
CLINIC NAME			
ADDRESS	CITY	Υ	ZIP
CLINIC PHONE		-	CLINIC FAX
Membership Category:	Active Member Associate Member* RVT Member CVA/Hospital Staff	\$110.00	
PLEASE MAIL MEMBERSHIP FEE TO:		MCVMA P.O. BOX 2493 MILL VALLEY, CA 9494	12
penefits include discoun	ted prices for CE dinners	rs will receive CE credit for att (free if sponsored), the MCVN n active community supporter	MA newsletter, and
Associate Member*: These	e are members who both wor	k and live outside of Marin Coun	ity.
Checks should be made	payable to MCVMA.		
Please feel free to copy to veterinary association!		ners. THANK YOU for supp	oorting your local

For MCVMA use:

Check Number:\_\_\_\_