



Indiana Veterinary Medical Association
Membership Application Form

I hereby make application for membership in the Indiana Veterinary Medical Association. I will abide by the provisions set forth in the IVMA Bylaws and Policies and Procedures Manual.

Name: _____ Date: _____
Business Name: _____ Veterinary College attended: _____
Address: _____ Year of Graduation: _____
City: _____ Degrees Received: _____
State: _____ Board Specialties: _____
Zip: _____ Phone (office): _____
County: _____ Phone (home): _____
Address is: My office My Home Fax: _____
Email: _____

Professional Classification (check all that apply):

Large Animal Exotic or Wildlife Amphibians, Reptiles, Aquatic Regulatory
 Small Animal Laboratory Animal Technical Sales/Service Student
 Equine Teaching/Research Government Public Health
 Avian Pharmaceutical Industry Other: _____

Would you like to be contacted by the IVMA to learn more about volunteer opportunities?

Yes No

If you answered yes, how would you like to be contacted?

Office Home Email Regular mail

2010 Dues:

Active \$195.00
 Purdue Faculty \$130.00
 Associate (Out-of-State) \$100.00
 Student \$ 0.00 (up through December 31 of graduation year), \$100.00 (year following graduation)

Payment:

Check enclosed (make payable to IVMA)
 Visa MasterCard American Express Discover

Credit Card No.: _____ Exp. Date: _____ CVV# _____
Signature: _____ Date: _____

You can access this form by visiting invma.org.

Return form to the:

IVMA
201 S. Capitol Avenue, Suite 405
Indianapolis, IN 46225
317-974-0888 E-mail: lisa@invma.org
800-270-0747
317-974-0985 (fax)