



**Minnesota Veterinary Medical Association**  
 101 Bridgepoint Way, Suite 100 South St. Paul, MN 55075  
 Phone: 651-645-7533 Fax: 651-645-7539 Email: [info@mvma.org](mailto:info@mvma.org)

# NEW MEMBER APPLICATION

Gender:  Male  Female

Member's Name \_\_\_\_\_  
 (please print)

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Business/Clinic/Hospital \_\_\_\_\_ Clinic/Business Website \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_\_) \_\_\_\_\_ Business Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Personal Fax (\_\_\_\_\_) \_\_\_\_\_ Home Email \_\_\_\_\_

- My preferred mailing address is:  Work  Home  
 My preferred method of contact is:  Mail  Email  
 My preferred phone number is:  Work  Home  Cell  
 My preferred email address is:  Work  Home

Licensure: Minnesota # \_\_\_\_\_ Other State(s) \_\_\_\_\_

Graduation Information: School \_\_\_\_\_ Graduation Year \_\_\_\_\_

State Representative Name \_\_\_\_\_ District # \_\_\_\_\_ \* You can now find your representatives on  
 State Senator Name \_\_\_\_\_ District# \_\_\_\_\_ the MVMA Homepage! Visit [www.mvma.org](http://www.mvma.org)

I can be contacted about important legislative issues relating to veterinary medicine/practice and to contact my legislator:  Yes  No

## MEMBER CLASSIFICATIONS/ANNUAL DUES AMOUNTS

- Active member \$270.00** – any graduate of a recognized veterinary college who is of good moral character and of reputable professional methods. Practitioners shall be licensed in the area in which the practice.
- Affiliate member \$90.00** – Teachers of veterinary medicine, or of the sciences allied to veterinary medicine, who do not qualify for active membership.
- Associate member \$105.00** – Any veterinarian who meets the qualification of membership but who resides outside the state of Minnesota.
- Graduate Student member \$75.00** - Any DVM currently enrolled in a graduate veterinary program at an accredited University.
- Graduate Practicing member \$140.00** – Any DVM practicing in his/her 1<sup>st</sup> or 2<sup>nd</sup> year after graduation from an accredited college of veterinary medicine.

*"I hereby agree, if approved for membership in the Minnesota Veterinary Medical Association, to abide by the Bylaws and Principles of Veterinary Medical Ethics of the Association."*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

DVM Reference \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

<input type="checkbox"/> Check Enclosed	Check # _____	Date _____
Credit Card:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA <input type="checkbox"/> Discover
Name on card: _____		
Card # _____		
Expiration Date _____	CVV Code _____	
Signature _____		

*Contributions to the Minnesota Veterinary Medical Association are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The Minnesota Veterinary Medical Association estimates that the nondeductible portion of your 2010 dues - the portion which is allocable to lobbying is 18%.*

**Please Complete Both Sides**

**IF MEMBERSHIP IS GRANTED I WOULD BE INTERESTED IN THE FOLLOWING COMMITTEES:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Aquatic Livestock              | <input type="checkbox"/> Finance & Operations       | <input type="checkbox"/> MVRC Disaster Response | <input type="checkbox"/> Student/Grad./Faculty Relations |
| <input type="checkbox"/> Chemical Impairment/Addictions | <input type="checkbox"/> Food Animal Pharmaceutical | <input type="checkbox"/> Public Health          | <input type="checkbox"/> State Fair Miracle of Birth     |
| <input type="checkbox"/> Council of Senior Vets         | <input type="checkbox"/> Governmental Affairs       | <input type="checkbox"/> Continuing Education   | <input type="checkbox"/> State Fair Surgery Suite        |
| <input type="checkbox"/> Ethics & Grievance             | <input type="checkbox"/> Membership                 | <input type="checkbox"/> Small Animal Welfare   | <input type="checkbox"/> Veterinary Technician           |

**Do you have experience in Emergency/Disaster Vet. Response?**  yes  no **if no, would you be interested in training?**  yes  no

**I would prefer to receive/read the MVMA Newsletter:**  in print  online

**Do you know your state legislator(s)?**  yes  no **if yes, What is his/her name (s)?** \_\_\_\_\_

**I may have an interest in the following MVMA activities:**  Website Development  Fundraising  Leadership  Grant writing  
 Student Mentoring  Volunteering

**PROFESSIONAL ACTIVITIES SURVEY**

**IMPORTANT!!** PLEASE COMPLETE THE FOLLOWING SURVEY CAREFULLY. IF GRANTED MEMBERSHIP THE INFORMATION YOU PROVIDE WILL BE USED FOR PUBLIC REFERRALS.

**SPECIES CODES: Check only those that you can currently treat.**

- |  |                                 |   |   |
|--|---------------------------------|---|---|
| <input type="checkbox"/> Amphibians/Reptiles | <input type="checkbox"/> Canine | <input type="checkbox"/> Feline             | <input type="checkbox"/> Porcine          |
| <input type="checkbox"/> Aquatic Animals     | <input type="checkbox"/> Cervid | <input type="checkbox"/> Laboratory Animals | <input type="checkbox"/> Poultry          |
| <input type="checkbox"/> Avian (Not Poultry) | <input type="checkbox"/> Equine | <input type="checkbox"/> Ovine/Caprine      | <input type="checkbox"/> Wildlife Animals |
| <input type="checkbox"/> Bovine              | <input type="checkbox"/> Canine | <input type="checkbox"/> Feline             | <input type="checkbox"/> Zoo Animals      |
| <input type="checkbox"/> Camelid             | <input type="checkbox"/> Exotic | <input type="checkbox"/> Pocket Pets        |   |

Please list any other animals that you treat: \_\_\_\_\_

**SPECIAL SKILLS: Check a MAXIMUM of 3 special skills that you currently provide(only 3 can be stored in your data file)**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acupuncture               | <input type="checkbox"/> Chiropractic           | <input type="checkbox"/> Laboratory Medicine | <input type="checkbox"/> Pathology      |
| <input type="checkbox"/> Alternative/Complementary | <input type="checkbox"/> Dentistry              | <input type="checkbox"/> Laser Surgery       | <input type="checkbox"/> Pharmacology   |
| <input type="checkbox"/> Anatomy/Physiology        | <input type="checkbox"/> Dermatology            | <input type="checkbox"/> Microbiology        | <input type="checkbox"/> Public Health  |
| <input type="checkbox"/> Anesthesiology            | <input type="checkbox"/> Epidemiology           | <input type="checkbox"/> Neurology           | <input type="checkbox"/> Radiology      |
| <input type="checkbox"/> Behavior/Socialization    | <input type="checkbox"/> Fertility/Reproduction | <input type="checkbox"/> Oncology            | <input type="checkbox"/> Surgery        |
| <input type="checkbox"/> Biochemistry              | <input type="checkbox"/> Homeopathic            | <input type="checkbox"/> Ophthalmology       | <input type="checkbox"/> Theriogenology |
| <input type="checkbox"/> Cardiology                | <input type="checkbox"/> Internal Medicine      | <input type="checkbox"/> Parasitology        |   |

Please list All Board Certifications \_\_\_\_\_

**SERVICES: Check only those that you currently provide.**

- Boarding  Breeding  Ear Cropping  Debarking  Tail Docking

**Do you offer discounts?** (if yes, check all that apply and describe)  Seniors/Retirees  Multiple Animal  Cases based on Need

**Do you make house or farm calls?**  yes  no (please list if only for certain circumstances) \_\_\_\_\_

**Do you have expertise in any particular dog breed(s)?**  yes  no (If yes, which breeds?) \_\_\_\_\_

**My Practice is:**  Small Animal Exclusive  Large Animal Exclusive  Mixed Animal  Equine

**Please list any other unique skills or services you would like us to maintain in our database for referrals:**

\_\_\_\_\_

**THANK YOU!!** For questions, please call the MVMA office.