



**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) \_\_\_\_\_ Suffix \_\_\_\_\_

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

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

Business/Clinic/Hospital Address \_\_\_\_\_

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

Business/Clinic/Hospital Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Business/Clinic/Hospital Email \_\_\_\_\_

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

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

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

- My preferred mailing address is:  Work  Home  
 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 the MVMA Homepage! Visit [www.mvma.org](http://www.mvma.org)

State Senator Name \_\_\_\_\_ District# \_\_\_\_\_

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 \$280.00** – 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 \$100.00** – Teachers of veterinary medicine, or of the sciences allied to veterinary medicine, who do not qualify for active membership.
- Associate member \$115.00** – Any veterinarian who meets the qualification of membership but who resides outside the state of Minnesota.
- Graduate Student/Intern/Resident member \$85.00** - Any DVM currently enrolled in a graduate veterinary program or employed as an intern or resident at an accredited University.
- Graduate Practicing member \$150.00** – 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 (\_\_\_\_\_) \_\_\_\_\_

Total Payment \$ \_\_\_\_\_ Visit [www.mvma.org](http://www.mvma.org) to pay your dues online!

Check Enclosed Check # \_\_\_\_\_ Date \_\_\_\_\_

Credit Card:  MasterCard  VISA  Discover  AMEX

Name on card: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

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 2012 dues - the portion which is allocable to lobbying is 19%.*

**Please Complete  
Reverse Side**



## I WOULD LIKE TO SERVE ON THE FOLLOWING COMMITTEES IN 2011-12

Please check the committees you would like to serve on in 2011-12, including those you currently serve on. Your name will be removed from committees that are not checked. Please see attached committee descriptions and contact information.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aquatic Livestock              | <input type="checkbox"/> Finance & Operations       | <input type="checkbox"/> MVMRC 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"/> Practice, 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 the MVMA Newsletter:  in print  email (by checking email, this will become the only manner in which you receive)

I would prefer to receive the MVMA Dues mailing:  in print  email Please give us any comments

Would you like the MVMA to arrange a legislative visit to your clinic?  yes

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

**IMPORTANT!!** PLEASE COMPLETE THE FOLLOWING CAREFULLY. IT WILL BE USED TO UPDATE OUR DATABASE WITH ACCURATE AND CURRENT INFORMATION 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"/> Laboratory Animals | <input type="checkbox"/> Poultry          |
| <input type="checkbox"/> Aquatic Animals     | <input type="checkbox"/> Cervid | <input type="checkbox"/> Ovine/Caprine      | <input type="checkbox"/> Primates         |
| <input type="checkbox"/> Avian (Not Poultry) | <input type="checkbox"/> Equine | <input type="checkbox"/> Pocket Pets        | <input type="checkbox"/> Wildlife Animals |
| <input type="checkbox"/> Bovine              | <input type="checkbox"/> Exotic | <input type="checkbox"/> Porcine            | <input type="checkbox"/> Zoo Animals      |
| <input type="checkbox"/> Camelid             | <input type="checkbox"/> Feline |   |   |

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

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

Please list **ALL** Board Certifications: \_\_\_\_\_

SERVICES: Check only those that you can currently provide

- Boarding  Breeding  Ear Cropping  Debarking  Tail Docking

Do you offer discounts?  Seniors/Retirees  Multiple Animal  Cases based on Need  Participate in payment program  
Please Explain: \_\_\_\_\_

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  Small Animal Mobile (will be listed as a mobile veterinarian in MVMA database for referrals)  
 Large Animal Exclusive  Mixed Animal  Equine  Relief

The MVMA values your ideas on improving your association. Please suggest what you would like to see the MVMA offer as a benefit to you or your practice? Also, please include any comments on what are currently your most important benefits of membership.

To return, please complete and **SAVE FORM** and attach in an email back to [info@mvma.org](mailto:info@mvma.org).  
**THANK YOU.** For questions, please contact the MVMA office at 651-645-7533, or [info@mvma.org](mailto:info@mvma.org).