



Application for Membership 2009

1. Personal information (please print clearly)

Last name _____ First _____ Middle _____

Degree(s) _____

Business name _____

Business address _____

City _____ County _____ State _____ Zip _____

Business phone (____) _____ Business fax (____) _____

Business website _____

E-mail _____

2. Valid license(s) held

1. State _____ Year _____ Licence # _____

2. State _____ Year _____ Licence # _____

3. Signature

I, the undersigned, agree that the information provided above is true and correct.

Signature _____ Date _____

4. Dues

Payment must be submitted with this application form. Membership dues are annual and are based on the calendar year.

Payment

_____ Check # _____

_____ Cash (do not mail cash – cash is appropriate if paying in person at a DCVMA event)

5. Mail completed form and your check to:

Dane County Veterinary Medical Association

Post Office Box 628393

Middleton , WI 53562

If you have any questions, please call (608) 235-4217 or send an e-mail to dcvma@dcvma.org. Dues payments to the Dane County Veterinary Medical Association may be deductible on your federal income tax returns as business expenses, but they are not deductible as charitable contributions.