



816 SW Tyler, Suite 200, Topeka, KS 66612-1635 ■ (785) 233-4141 ■ FAX: (785) 233-2534

### 2008 KVMA MEMBERSHIP APPLICATION/RENEWAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinic/Company: \_\_\_\_\_ Gender:  Female  Male

Mailing Address: \_\_\_\_\_ Vet College/Grad Year: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County (Kansas Only): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Very Important** - most correspondence will be via email. If you do not have email please check here .

#### KVMA MEMBERSHIPS

I am (check one)  **applying for**  **renewing a membership.**

\$250.00 - **Active Membership** (Licensed practicing Kansas DVM's)

**If you are a renewing Active member** do you have a membership plaque?

**Yes**, I have a plaque  **Yes, but** I need an extention  **No**, please order me a plaque

\$ 75.00 - **Associate Membership** (Out of state, government DVM's, individuals w/non DVM terminal degrees, and non-practicing DVM's not eligible for life membership. This is **NOT for VENDORS** - please contact the KVMA office for information on KVMA Supporter Membership.)

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#### OPTIONAL MEMBERSHIP

\$25.00 - Auxiliary/Spouse Membership for 2008

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PAYMENT METHOD:**  Check  Discover  Master Card  Visa (*NOTE: KVMA can only process these cards*)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

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#### **KVMA OFFICE USE ONLY**

Check #: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Card Approval #: \_\_\_\_\_

#### **Remit to:**

KVMA, 816 SW Tyler, Suite 200, Topeka, KS 66612-1635

-OR-

Fax credit card payments to: 785-233-2534.