

OVMA Membership Application & Renewal Form

12.11

Name _____

Clinic Name _____ Mobile Clinic

Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____

County _____ Veterinary College _____ Graduation Year _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Diplomate _____ Specialty _____

Newsletter: Choose how you would like to receive your bimonthly member newsletter (the *Viewpoint*).

 US Mail E-mail: _____

e-News: Do you want to receive the OVMA's e-mail newsletter (e-News) in between issues of the regular member newsletter and as events warrant?

 Yes No **E-mail:** _____

Web Site Access: Do you want to access the members-only area of our Web site? Yes No If Yes, please provide e-mail address above and provide a 5 to 7 character password (can contain letters and numbers). Your user name will be in the format FirstNameLastName (no space).

Password _____

Signature _____ Date _____

Submit your completed application with appropriate dues payment to: OVMA, 1880 Lancaster Drive NE, Suite 118, Salem, OR 97305, via fax at (503) 363-4218, or apply online at www.oregonvma.org. If you are a new applicant, your application will be reviewed and voted on by the Board of Directors at the next scheduled meeting. Upon receipt of this application, you will begin to receive the member newsletter and will be eligible for the other benefits of membership. Thank you for your interest and welcome to the OVMA! **Note:** At this time, we are only able to accept applications from prospective members in North America.

Practice Areas, Special Services & Interests

The OVMA office receives inquiries from veterinarians and the general public about specific services, procedures and treatments and for practitioners who treat certain species. While we do not refer one member practitioner over another, we do provide the information we have in our database. We also find that members may wish to refer their clients or speak to a colleague who may have an interest in a particular species or treatment modality. The information you mark below will be posted on our Web site in your Find a Vet listing.

Practice Area(s) (Please mark all that apply):

- | | | | | |
|-----------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Avian | <input type="checkbox"/> Canine Only | <input type="checkbox"/> Companion Animal | <input type="checkbox"/> Education | <input type="checkbox"/> Equine |
| <input type="checkbox"/> Feline Only | <input type="checkbox"/> Food Animal | <input type="checkbox"/> Large Animal | <input type="checkbox"/> Regulatory | |
| <input type="checkbox"/> Other _____ (please be specific) | | | | |

Services You Offer/Species You Treat (Please mark all that apply and/or add other services):

- | | | | | | | | |
|----------------------------------------------------------|--------------------------------------------|-------------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------|------------------------------------------------|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Behavior | <input type="checkbox"/> Camelids/Llamas | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Debark | <input type="checkbox"/> Declaw | <input type="checkbox"/> Deer |
| <input type="checkbox"/> Dentistry: EQ | <input type="checkbox"/> Dentistry: SA | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Ear Crop | <input type="checkbox"/> Exotics | <input type="checkbox"/> Exotic Cats | <input type="checkbox"/> Fish | <input type="checkbox"/> Holistic/Naturopathic |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Laparoscopic Spay | <input type="checkbox"/> Marine Mammals | <input type="checkbox"/> Neurology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology | | |
| <input type="checkbox"/> Orthopedics/Soft Tissue Surgery | <input type="checkbox"/> Pocket Pets | <input type="checkbox"/> Pot-Bellied Pigs | <input type="checkbox"/> Poultry | <input type="checkbox"/> Primates | <input type="checkbox"/> Reproduction | <input type="checkbox"/> Reptiles | |
| <input type="checkbox"/> Sheep/Goats | <input type="checkbox"/> Snakes | <input type="checkbox"/> Sugar Gliders | <input type="checkbox"/> Swine | <input type="checkbox"/> Tail Dock | <input type="checkbox"/> Wildlife | <input type="checkbox"/> Zoo | |

Does your practice accept Care Credit? Yes No

Membership Dues

- New graduates: \$0 (2010/2011 graduates receive a **complimentary** one-year membership, coinciding with the OVMA fiscal year: 7/1-6/30.)
 First-time member (not a new graduate): \$140 Associate member (out-of-state): \$120 Renewing member: \$285

Check: Please make check payable to **OVMA**.

Credit Card: Visa MasterCard No. _____ 3 Digit Card Verification No. _____
Exp. _____ Billing Zip _____ Signature _____

Note: For tax purposes, under provisions in the Budget Act of 1993, 94% of your dues payment may be deducted as a normal business expense. Dues are not deductible as a charitable contribution.

OVMA USE ONLY

Application Received: _____	Check Number: _____	Amount: _____	Fiscal Year: _____
<input type="checkbox"/> New Graduate	<input type="checkbox"/> First-Time Member	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Renewing Member
<input type="checkbox"/> Acknowledgement Letter	<input type="checkbox"/> VetList <input type="checkbox"/> Mail	<input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3	<input type="checkbox"/> Web DB <input type="checkbox"/> e-News
District: _____	Director: _____	Phone: _____	<input type="checkbox"/> Acceptance Letter