

Membership Application



Name _____

Clinic Name _____ Mobile Clinic

Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____ E-mail _____

County _____ Veterinary College _____ Graduation Year _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Diplomate _____ Specialty _____

e-News: As part of our mission to provide superior service to members, we will periodically send you communications by e-mail on timely topics affecting our members and the practice of veterinary medicine in Oregon. If you do not wish to receive these periodic e-mail communications from the OVMA, please check this box to opt out.

Opt Out of e-News

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: _____

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

US Mail E-mail: _____

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 oregonvma.org/join. 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):

- Avian Canine Only Companion Animal Education Equine
 Feline Only Food Animal Large Animal Regulatory
 Other _____ (please be specific)

Services You Offer/Species You Treat (Please mark all that apply):

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

Membership Dues

- OSU CVM Veterinary Students: \$0 (Class of _____) (Student membership coincides with the OVMA fiscal year: 7/1- 6/30.)
 New Graduates: \$0 (2017/2018 graduates receive a complimentary one-year membership, coinciding with the OVMA fiscal year: 7/1- 6/30.)
 Step 1 (First-time member, not a new graduate): \$105 Step 2: \$200 Renewing member: \$295
 Retired member: \$130 Life member: \$130 Associate member (out-of-state): \$135
 OSU CVM Faculty: \$150 (\$100 of this amount will be underwritten by OSU CVM)

Check: Please make check payable to OVMA.

Credit Card: Visa MasterCard AmEx No. _____ CVN _____

Exp. _____ Billing Zip _____ Signature _____

Note: For tax purposes, 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: _____
 New Graduate Step 1 Step 2 Renewing Member Associate Member
 Acknowledgement Letter VetList Mail Part 2 Part 3 Web DB e-News
District: _____ Director: _____ Phone: _____ Acceptance Letter