

# 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](http://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  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 (2018/2019 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 \_\_\_\_\_

*OVMA membership dues are not deductible as a charitable contribution. Consult with your tax advisor about your specific situation.*

## 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