

Full Name and Designation: _____

Gender: Male Female Transgender Non-Binary (and/or Non-Conforming)

Membership Type: DVM RVT Public Service *CVMA Supporter **Hospital Staff Student Other _____

Are you a local VMA member? Yes No Name of VMA: _____ Are you a non-resident (Reside & work out of state)

Preferred Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Business Name and Address: _____ Full-time Part-time

Email*: _____ Company Website: _____ Birthdate: _____

DVM/RVT License #: _____ Issue Date: _____ Expiration Date: _____ Spouse's Name: _____

Veterinary/RVT School: _____ Year Graduated: _____ Specialty Board Certifications: _____

Interested in becoming a disaster volunteer for your county? Yes No

If interested in disaster work, we will send you more information about joining the California Veterinary Medical Reserve Corps and how you can participate when disasters strike in California!

Employment Type

- Owner(s) of Private Practice
- Employee in Private Practice
- Industry
- Relief Work
- Employee of Humane Society, SPCA, Shelter
- College or University
- Federal Government
- State or Local Government
- Retired
- Armed Forces
- Other

*Requires Board approval.

** If you are applying as veterinary/hospital staff, it is required that you get a signature from the active CVMA member in your office. Have the active member sign here:

Practice Type

- Avian/Exotics
- Sheep and Goat Practice
- Bovine Practice: Beef Dairy
- Equine Practice
- Large Animal Practice (all species)
- Mixed Practice _____% of small _____% of large
- Small Animal
- Small Animal Mobile
- Small Animal Exotic
- Poultry Practice
- Faculty: UCD WesternU
- Faculty (Other)
- Veterinary Public Health
- Humane Society, SPCA, Shelters
- Regulatory Veterinary Medicine
- Lab Animal Medicine
- Zoo Animals
- Extension
- Diagnostic Veterinary Medicine
- Industry
- Emergency Service
- Military
- Intern/Resident
- Post-Graduate Student
- Hospital Staff
- Other _____

Payment Visa/MasterCard/AMEX/Discover

Credit Card Number _____ Expiration Date _____ CVV Code _____ \$Amount _____

Cardholder Name Printed _____ Signature _____

If you have any questions on membership or would like any further information, please contact the CVMA office at 800.655.2862 or visit cvma.net.

If there are changes in the aforementioned information, I understand it is my responsibility to notify the CVMA office immediately.

Your signature _____ constitutes acceptance of and intention to be bound by the Articles of Incorporation, Constitution, and Bylaws of this Association and the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association together with all amendments, present and future, of any such Articles, Constitution, Bylaws, or Principles of Veterinary Medical Ethics which may be duly adopted pursuant to the provisions thereof, and to continuously strive for the advancement of the profession.

Welcome to membership with the California Veterinary Medical Association (CVMA)! The CVMA was founded in 1888 — the first veterinary association west of the Mississippi. As a member, you and your colleagues, are important parts of the largest state veterinary medical association in the United States (over 7,700 members). CVMA is committed to serving our membership and community through innovative leadership and improving animal and human health in an ethically and socially responsible manner.

The CVMA membership year begins July 1 and ends June 30. Dues are paid annually. Your first year’s dues are prorated according to the schedule below. Determine the appropriate amount of dues to send with your application by locating your membership type and following across to the month you are submitting your application.

If you have questions regarding membership in the CVMA or your membership dues, please do not hesitate to contact the CVMA office. We will be happy to assist you.

As soon as your application and dues payment are received in the CVMA office, your name will be added to the CVMA mailing list. You will be eligible immediately for membership benefits. Your name will be published in the *California Veterinarian*, CVMA’s magazine. When your membership is processed, you will receive a membership card and a complete packet of membership benefits.

Membership Type	Apr–Sept.	Oct–Dec.	Jan–Mar.
<input type="radio"/> Active – Practicing Veterinarian	\$320	\$240	\$160
<input type="radio"/> Public Service – City, county, state, federal govt.	\$175.50	\$131.63	\$87.75
<input type="radio"/> Faculty – Full time	\$320	\$240	\$160
<input type="radio"/> *CVMA Supporter – Allied Industry	\$320	\$240	\$160
<input type="radio"/> Hospital Staff	\$320	\$240	\$160
<input type="radio"/> *Non-Resident Veterinarian	\$182.50	\$136.88	\$91.25
<input type="radio"/> Registered Veterinary Technicians	\$60	\$60	\$60
<input type="radio"/> Newly Licensed California DVM or RVT	No charge		
<input type="radio"/> CA Veterinary Student/Resident	No charge		
<input type="radio"/> Non-Resident Veterinary Student	\$90	\$90	\$90
<input type="radio"/> CVMA Certified Veterinary Assistant	\$40	\$40	\$40
<input type="radio"/> After Veterinary School Graduation			
First Year	No charge		
Second Year	\$80	\$60	\$40
Third Year	\$160	\$120	\$80
Fourth Year	\$240	\$180	\$120

*Requires Board approval.

CVMA due payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as a business expense, except the portion contributed to CVMA lobbying expenses. CVMA estimates that 12 percent of your dues is contributed to lobbying and is therefore non-deductible.

To apply for membership, send this completed signed membership form along with payment to 1400 River Park Drive, Suite 100, Sacramento, CA 95815. **Please be sure to indicate your selections in the boxes above before submitting your application.**