



### Membership Application

- First time applicant – dues waived through end of first calendar year.
- Returning Member Dues: \$110.00 per year (by check or pay by credit card at www.savma.net)

**Dues \$110.** (Dues are prorated by half after June 30.)

**Name** (first, mi, last, designations) \_\_\_\_\_

**Preferred Point of Contact** (for SAVMA correspondence & billing)  Clinic  Alternate

Clinic/Company Name \_\_\_\_\_

Clinic/Company Address \_\_\_\_\_

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

Alternative Address \_\_\_\_\_

Clinic/Company Address \_\_\_\_\_

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

Primary Phone (circle one: *clinic/cell/other*) \_\_\_\_\_

Alternate. Phone (circle one: *clinic/cell/other*) \_\_\_\_\_

Primary Email \_\_\_\_\_

Alt. Email \_\_\_\_\_ Website \_\_\_\_\_

### Education

Undergraduate School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Vet. Medical School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Year Graduated \_\_\_\_\_

Specialty \_\_\_\_\_ Designation(s) \_\_\_\_\_

Arizona License number \_\_\_\_\_ Year licensed \_\_\_\_\_

Other states in which you are licensed \_\_\_\_\_ Year licensed \_\_\_\_\_

Have You Ever Had A License Revoked?  Yes  No By whom? \_\_\_\_\_

Are you seeking relief work?  Yes  No Do you want to be listed on our website relief listing?  Yes  No

### Practice

- Practice Owner
- Associate Veterinarian
- Relief Veterinarian
- CVT/Paraprofessional
- Intern
- Research
- Other

### Patients

- Feline
- Canine
- Exotics
- Avian
- Bovine
- Caprine
- Equine

- Ferrets
- Fish
- Guinea Pigs
- Ostrich
- Ovine
- Porcine
- Rabbits
- Reptiles
- Rodents

- Wildlife
- Other \_\_\_\_\_

**Practice Area/Specialty** \_\_\_\_\_

How did you hear about SAVMA? \_\_\_\_\_

Would you be interested in presenting at a SAVMA continuing education program?  Yes  No

If so, what topic(s) \_\_\_\_\_

What CE program topics interest you? \_\_\_\_\_

SAVMA is a 5019(c)(6) organization Signature \_\_\_\_\_ Date \_\_\_\_\_