



- First time applicant – dues waived through end of first calendar year. **Membership Application**
- Returning Member Dues: \$110.00 per year (by check or pay by credit card at www.savma.net)
Dues are prorated by half to \$55 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*) _____

Altnerate. 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 _____