



MEMBERSHIP APPLICATION

Applicant Name _____

Home Address Information Check here if this is your preferred contact method.

Address _____ County _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

Work Address Information Check here if this is your preferred contact method.

Company/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

Professional Information

Veterinary School Attended _____ Graduation Year _____

Primary Area of Practice (if applicable)

- Pet Animal Equine Mixed Animal/General Practice Corporate/Commercial
- Food Animal Academic/Teaching Research/Laboratory Medicine Government/Military

Membership Information

Active Member: \$175

An Active Member is a veterinarian who holds a DVM degree and is permitted to engage in veterinary medical activities under the laws of Ohio.

New Graduate (2011): \$85

New Graduate Members enjoy full Active Membership for a reduced rate the year following their graduation.

Resident/Intern: \$50

Resident/Intern Members are Active Members who are currently in a residency or internship program. To qualify for this membership category, have your supervisor sign below to verify your resident or intern status.

Supervisor Name _____

Supervisor Signature _____

Associate Member: \$60

An Associate Member is a veterinarian who resides outside Ohio but wishes to enjoy OVMA membership information and access to benefits. Associate members do not have the right to vote.

Sustaining Member: \$60

A Sustaining Member is a veterinarian who was an active member of the OVMA but is no longer engaged in the practice of veterinary medicine for financial consideration due to retirement or a disability.

Life Member (Board approved)

An Active Member who has belonged to OVMA for 30 or more years and who have either retired or have reached age 70 can apply for Life Member status. Once conferred by vote of the OVMA Board of Directors, Life Members are entitled to the benefits of membership without payment of annual dues.

Payment Information

A check made payable to OVMA is enclosed. Please send me an invoice. Please charge my credit card.

Card Type: Visa Mastercard Discover *Sorry, we are unable to accept American Express.*

Name on Card _____

Card Number _____ Exp. Date _____

Signature _____

Payments and dues paid to the OVMA are not deductible for federal tax purposes as charitable contributions. They may be deductible as any ordinary and necessary business expense, except that portion of dues payments related to representation on legislative issues. The OVMA estimates the portion attributable to legislative advocacy to be 20% in 2011.

Please return to the OVMA with your payment by:

Fax: 614.486.1325

E-Mail: car@ohiovma.org

Mail: OVMA

3168 Riverside Dr.
Columbus, OH 43221

Or apply online at:

www.ohiovma.org/membership