MVMA STUDENT MEMBERSHIP APPLICATION

Minnesota Veterinary Medical Association
101 Bridgepoint Way, Suite 100
South St. Paul, MN 55075
Phone (651) 645-7533
Fax (651) 645-7539
e-mail ï info@mvma.org
www.mvma.org

Gender: ○ **Male** ○ **Female**

Member's Name_____Date of Birth_____
(please print) First MI Last

School Email_____**Home Email**_____

School Year Address_____

City_____State_____Zip_____

Summer Address_____

City_____State_____Zip_____

School Year Phone (_____)_____

Summer Phone (_____)_____

Cell Phone (_____)_____

Please check preferred contact method: ○ **E-mail** ○ **Phone**

School of Veterinary Medicine: List school of which you will graduate and year of graduation

School_____Grad. Year_____

Association Committees

Would you be interested in serving the Association by appointment to an MVMA committee _____**yes** _____**no**

Member Classifications

- **Student Members** - Any fulltime veterinary student of an accredited veterinary college shall become eligible to become a student member of this Association.

ñI hereby agree, if elected to membership in the Minnesota Veterinary Medical Association, to abide by the Bylaws and Principles of Veterinary Medical Ethics of the Association." (MVMA bylaws may be viewed at our website-- www.mvma.org)

☐ **I am a freshman veterinary student and have complimentary first year dues.**

I am a ☐ **sophomore** ☐ **junior** ☐ **senior veterinary student and my annual dues payment of $25.00 is enclosed in the form of:**

○ **check enclosed Check No._____ Date: _____**

○ **Visa** ○ **MasterCard** ○ **Discover** ○ **American Express**

Credit Card No._____ Exp. Date_____CVV Code_____

Credit Card Billing Address_____Credit Card Billing Zip Code_____

Applicant Signature_____Date_____

DVM Reference_____Telephone(_____)_____
Please print name and telephone number of reference.