



WEST CENTRAL INDIANA VETERINARY MEDICAL ASSOCIATION

MEMBERSHIP APPLICATION

Please fill-in **ALL REQUESTED** information. Send this form with your check, made out to the WCIVMA, to the address at the bottom right of this form. Once this form and your check have been received, you will be a member of the WCIVMA and will begin receiving correspondence and notices. **PLEASE RETURN AS SOON AS POSSIBLE.**

IMPORTANT — PLEASE MARK ONE BOX ON EACH OF THE 2 LINES BELOW

1. * Mailing Address Preference Home Business

**WHENEVER POSSIBLE, correspondence is sent via E-MAIL

2. Membership Level Full Non-DVM Associate Registered Technician Veterinary Assistant

(Non-veterinarians joining WCIVMA are Associate, Technician, or Assistant level members

All Veterinarians register as FULL members.)

PLEASE TYPE OR PRINT CLEARLY YOUR INFORMATION

TITLE _____ FIRST NAME _____ LAST NAME _____

BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX # _____

PRACTICE INTERESTS _____

E-MAIL _____

UNIVERSITY GRADUATED _____ YEAR GRADUATED _____

LICENSE/CERTIFICATION NO. _____

R. LICENSE GRANTED _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

ANNUAL DUES: \$45.00 for Full Members

\$20.00 for Technician & Assistant Level Members and non DVM Affiliates/associates

****If you are joining as a new graduate, membership for the remainder of your graduation year is FREE.***

Send Payment to Treasurer, makes checks payable to WCIVMA: Trisha Keffer 8539 E 150 S Fowler, IN 47944