

IVMA  
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For Office Use Only  
 Check #:  
 Date Received: / /  
 CC: Yes  No

Indiana Veterinary Medical Association  
**2018/2019 Membership Dues Invoice Payment due by 6/30/2018**

**Membership Valid From: 7/01/2018-6/30/2019**

<b>If choosing the Monthly Installments for your dues payment only credit card payments are allowed!</b>					
Professional Membership	\$240.00 <input type="checkbox"/>	10 Monthly \$24.00 Installments <input type="checkbox"/>	Professional- 2017 New Graduate	\$130.00 <input type="checkbox"/>	10 Monthly \$13.00 Installments <input type="checkbox"/>
Professional PVM Full-time Faculty	\$180.00 <input type="checkbox"/>	10 Monthly \$18.00 Installments <input type="checkbox"/>	Professional-Associate (Out of State)	\$145.00 <input type="checkbox"/>	10 Monthly \$14.50 Installments <input type="checkbox"/>
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>			If choosing monthly installments please provide a credit card number. Only CREDIT CARD PAYMENTS are allowed with this choice! You are then agreeing to 10 monthly payments for the provided amount.		
Card Number:			Please consider making a donation to the following: (See other side for Mission Statements for Vet Med PAC & IAHF.)		
Exp. Date:		CVV Code:		<b>Building the Future – Donate to VetPlex Building Project</b>	\$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> Other <input type="checkbox"/> See attached for info./payment options.
Print Name :			Veterinary Medicine PAC (Political Action Committee):	\$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other <input type="checkbox"/>	
Signature:			Who pays your dues? You <input type="checkbox"/> Other <input type="checkbox"/>		
_____ = \$ _____ Total Amount Due			Are you an: Owner <input type="checkbox"/> Associate <input type="checkbox"/> Other <input type="checkbox"/>		
<input type="checkbox"/> I would like the IVMA Newsletter delivered by US Mail.			Please indicate your primary area of practice: Small Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Large <input type="checkbox"/> Equine <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Other <input type="checkbox"/> Faculty <input type="checkbox"/>		
First Name:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: (Work)	City:	State:	Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Phone:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:	City:	State:	Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Member Type:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Work County:					<input type="checkbox"/> Yes <input type="checkbox"/> No
School:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduation Year:					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please update information if different from above or provide any information that is missing.**

First Name:				Last Name:		
Business Name:						
Mailing Address: (Work)	City:	State:	Zip:			
Contact Phone:						
Fax:						
Home Address:	City:	State:	Zip:			
Email:						
Member Type:	Work County:					
School:	Graduation Year:					

The IVMA prints a membership directory twice annually. If you do not wish your information to be published in the directory please complete the following: You can publish: my home address only:  work address only:  both:  neither:   
 Do we have your permission to send you email or facsimile updates from the IVMA from time to time?  Yes  No

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# EXPLANATION OF DUES STATEMENT

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## Tax Information

Please make checks payable to IVMA or use credit card and return in enclosed envelope. Payments and dues paid to the IVMA 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 IVMA estimates the portion attributable to legislative advocacy to be 15% in 2018. Contributions to the Indiana Animal Health Foundation are deductible as charitable contributions for federal income tax purposes to the extent provided by law.

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## IVMA Mission Statement



The Indiana Veterinary Medical Association (IVMA) promotes animal well-being, public health and advances in the profession and serves as a voice for veterinarians while advocating the highest standards and ethics. (March 10, 2010)

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## Indiana Animal Health Foundation Mission Statement



IAHF advances animal and human health through education and support (12/4/2014).

Learn more about VetPlex at: [www.vetplex.net](http://www.vetplex.net)



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## Veterinary Medicine Political Action Committee Mission Statement



The Veterinary Medicine Political Action Committee (PAC) has been established to advance the strong veterinary medical profession's presence in the legislative arena in Indiana. The Vet Med PAC is responsible for raising funds which will be used to support candidates that encourage political philosophies consistent with advancing the veterinary medical profession and the science of veterinary medicine in Indiana. Your contribution to the Vet Med PAC will enable the positive message of the IVMA to spread amongst the members of Indiana's Legislature. Please consider supporting the Vet Med PAC today; your contribution is significant and it will allow our collective veterinary medicine voice to be heard.

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