



**CENTRAL INDIANA VETERINARY MEDICAL ASSOCIATION
2019 MEMBERSHIP APPLICATION**

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

IMPORTANT — PLEASE MARK ONE BOX ON EACH OF THE 3 LINES BELOW

1. Membership Application New Renewal
2. * Mailing Address Preference Home Business
****WHENEVER POSSIBLE, correspondence is sent via E-MAIL including membership directory!****
3. Membership Level Full Associate Registered Technician Veterinary Assistant
*(Non-veterinarians joining CIVMA 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 _____

SPOUSE'S NAME _____

BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP (9 digit) _____

BUSINESS PHONE _____ FAX # _____

PRACTICE INTERESTS _____ E-MAIL _____

UNIVERSITY GRADUATED _____ YEAR GRADUATED _____

LICENSE/CERTIFICATION NO. _____ YR. LICENSE GRANTED _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP (9 digit) _____

HOME PHONE _____ CELL PHONE _____ DOB _____

YEAR JOINED _____

Please Note
Your membership includes most CE meetings and meals at no additional charge.

ANNUAL DUES: **\$95.00 for Full Members & Associate Members**
(\$90 if paid by December 31st)
(New Full Members & Associate Members \$50.00 if joining after August 1st)
\$40.00 for Technician & Assistant Level Members
(\$35 if paid by December 31st)

If you are joining as a 2019 new graduate, membership for the remainder of the year is FREE.

**MAIL TO: CIVMA
P.O. Box 36087, Indianapolis, IN 46236-0087**