



MEMBERSHIP VALID: July 1, 2018 – June 30, 2019

Practice Name \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Website \_\_\_\_\_ County \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Primary Contact Name \_\_\_\_\_
Primary Contact Email \_\_\_\_\_

PRACTICE OWNER(S) INFORMATION:

Owner ( 1 ) \_\_\_\_\_ Email \_\_\_\_\_
Owner ( 2 ) \_\_\_\_\_ Email \_\_\_\_\_
Owner ( 3 ) \_\_\_\_\_ Email \_\_\_\_\_

PRACTICE TYPE – check all that apply

Grid of checkboxes for practice types: Alternative Medicine (ALT), Industrial (IND), Research (RES), Emergency (EMERG), Laboratory Animal (Lab), Retired (RET), Equine (EQ), Large Animal (LA), Small Animal (SA), Exotics (EX), Mixed Practice (MP), Small Ruminants (SM RUM), Feline (FEL), Mobile (MOB), Teaching (TEACH), Government (GOV), Referral (REF), Zoo (ZOO), House Calls (HC), Relief (REL), Other \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_ [ ] Check [ ] Discover [ ] Visa [ ] MasterCard [ ] American Express
Card number \_\_\_\_\_ Expiration \_\_\_\_\_ CVC Code \_\_\_\_\_
Billing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

RECEIPT: Receipt will be emailed to the Primary Contact.

OVMA dues are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except that portion which is attributed to OVMA lobbying expenses. OVMA estimates 15% of your 2017/18 dues is attributed to lobbying and is non-deductible. Contributions to DVM-PAC are non deductible and must be from non-corporate funds. Contributions to the OACF are deductible as charitable contributions.

On the pages provided, please include the names of all veterinarians and lay staff (office manager, Technician, etc.) including an email address if the individual wishes to receive OVMA Communications. Please note that only graduate veterinarians receive voting privileges and are considered eligible to hold office.

\*\*Practice Membership Applications will not be processed unless completed team member forms are included with the application and payment\*\*



VETERINARIANS LINKED TO PRACTICE MEMBERSHIP

Please ensure the DVM has access to the email listed.

Full Name \_\_\_\_\_ Vet School / Grad Yr. \_\_\_\_\_ License # \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address Preferred \_\_\_\_\_

Full Name \_\_\_\_\_ Vet School / Grad Yr. \_\_\_\_\_ License # \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address Preferred \_\_\_\_\_

Full Name \_\_\_\_\_ Vet School / Grad Yr. \_\_\_\_\_ License # \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address Preferred \_\_\_\_\_

Full Name \_\_\_\_\_ Vet School / Grad Yr. \_\_\_\_\_ License# \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address Preferred \_\_\_\_\_

STAFF LINKED TO PRACTICE MEMBERSHIP

Staff will receive communications via email. Please ensure each staff has access to the email listed.

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title / Position \_\_\_\_\_

Email \_\_\_\_\_