

Washington State Veterinary Medical Association Membership Registration



Email or Fax to:
E: info@wsvma.org
F: (425) 396-3192

RENEW ONLINE!

Just login at **WSVMA.ORG** and click **RENEW** from your profile page.

Contact Information (Please Print Legibly)

Name _____ Employment Status (owner, associate, etc.) _____

Email (required) _____

Company _____ College / Grad Year _____

Preferred Address _____

Select Your Membership Option:

ANNUAL

Retired \$185 per yr.

Out-of-State \$175 per yr.

MONTHLY WITH AUTO RENEWAL

Retired \$15* per mo.

* Must include credit card information. Credit card will be automatically charged on monthly until membership is cancelled.

Add a one-time donation to the Washington State Animal Health Foundation

\$50

Other \$ _____

Payment Due

Payment + WSAHF Donation =

Total \$ _____

Payment Information

Total Amount \$ _____ Check Visa MasterCard American Express

Card number _____ Expiration _____ CVC Code _____

Billing Address _____

City _____ State _____ Zip _____

Name on Card _____ Signature _____

* Includes a \$50 voluntary contribution to the WSVMA Political Action Committee, which supports candidates for office who will be supportive of veterinary issues. If you do not wish to contribute, please subtract this amount from your dues payment.

** Includes a \$4 per month voluntary contribution to the WSVMA Political Action Committee, which supports candidates for office who will be supportive of veterinary issues. If you do not wish to contribute, please subtract this amount from your dues payment.

Dues payments to the Washington State Veterinary Medical Association may be deductible as a business expense, but NOT deductible as a charitable contribution. Voluntary contributions for the PAC and Capital Campaign are nondeductible. Pursuant to Public Law 103-66, that portion of WSVMA dues which is allocable to the WSVMA's lobbying expenses is not deductible from federal income taxes as a business expense. It is estimated that approximately 10% of each WSVMA member's dues will be allocated to WSVMA lobbying expenditures in the 2022/2023 fiscal year.

By providing the information above and sending payment, I agree that WSVMA may include this information in the WSVMA Member Services Directory. In particular, I am expressly consenting to receive publications, notices, announcements, brochures, reminders, advertising, and other information from, without limitation, from the WSVMA, and all other related entities, via facsimile at the fax number that I provided above, and via e-mail at the e-mail address that I provided above. This permission shall remain in effect until I cancel it in writing with notice to the WSVMA.

WSVMA

Success starts with connection to your community

WSVMA
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