



*WSVMA Membership is complimentary to all veterinary students*

**Contact Information** (Please Print Legibly)

Name \_\_\_\_\_ Class of \_\_\_\_\_

Non-CVM Email (**required**) \_\_\_\_\_ Gender  Male  Female

CVM Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

**What student clubs are you a member of currently?**

**In what area of veterinary medicine do you anticipate practicing?**

**Are you planning post-graduate studies?**

**What state are you from?**

**Do you plan to practice there upon graduation?**

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