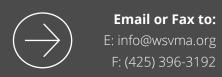
Washington State Veterinary Medical Association Membership Registration



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:	1
ANNUAL	Add a Washington State Animal Health Foundation donation (one-time pledge)
Veterinarian \$395* per yr.	(one time pleage)
2019-23Grads \$175 per yr.	\$50 Other \$
ANNUAL AUTO RENEWAL	
Veterinarian \$395* per yr.	
2018-2021 Grads \$175 per yr.	Payment Due
MONTHLY AUTO RENEWAL [†]	
Veterinarian \$33** per mo.	Payment + Service Directory + Capital Campaign Pledge =
2018-22 Grads \$14.50 per mo.	Total \$
Must include credit card information. Credit card will be automatically charged each month until membership is cancelled.	
Payment Information	
Total Amount \$	☐ Check ☐ Visa ☐ MasterCard ☐ American Express
Card number	Expiration CVC Code
Billing Address	
City	State Zip
Name on Card	Signature

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 2023/2024 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

WSVMA 23515 NE Novelty Hill Rd., #B221-337 Redmond, WA 98053

Fax: (425) 396-3192

Email: info@wsvma.org

^{*} 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.