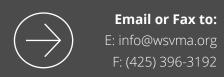
Washington State Veterinary Medical Association Membership Registration



RENEW ONLINE!

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

Contact Inform	nation (Please Print Legibly)		
Name		Employment Status (owner, associate, etc.)	
Email (required) _			
Company		College / Grad Year	
Preferred Address			
Stationed at:		In State until:	
Select Your Mer	mbership Option:		
<i>ANNUAL</i> Veterinarian	\$0 per yr.	Add a Washington State Animal Health Foundation donation (one-time pledge)	
2019-23 Grads	\$0 per yr.	\$50 Other \$	
		Total \$	
Payment Infor	mation		
Total Amount \$_		☐ Check ☐ Visa ☐ MasterCard ☐ American Express	
Card number		Expiration CVC Code	
Billing Address			
City		StateZip	
Name on Card		Signature	

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.



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