

# 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 \_\_\_\_\_

Stationed at: \_\_\_\_\_ In State until: \_\_\_\_\_

## Select Your Membership Option:

### **ANNUAL**

**Veterinarian** \$0 per yr.

**2019-23 Grads** \$0 per yr.

## Add a Washington State Animal Health Foundation donation (one-time pledge)

\$50

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

## Payment Information

**Total Amount \$** \_\_\_\_\_  Check  Visa  MasterCard  American Express

Card number \_\_\_\_\_ Expiration \_\_\_\_\_ CVC Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# WSVMA

Advancing the cause of veterinary medicine to better the lives of those touched by it.

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

Fax: (425) 396-3192

Email: info@wsvma.org