

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 _____ Job Title _____

Email (required) _____

Practice Name _____

Practice Address _____

Practice Owner's Name _____

* Practice owner must be a WSVMA member.

Select Your Membership Option:

PRACTICE MANAGERS \$95 per yr.

LIST OF CREDENTIALS

CVPM LVT
 VMC Other _____

VOLUNTEER OPPORTUNITIES

Yes, I would like to join a committee.

Add a WSAHF Donation (one-time pledge)

\$50 Other \$ _____

What educational topics are you interested in?

Payment Due

Payment + Capital Campaign Pledge =

Total \$ _____

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 20222023 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

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

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