Washington State Veterinary Medical Association Membership Registration



RENEW ONLINE!

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

Contact Infor	mation (Please Print Legibly)		
Name		Employment Status (owner, associate, etc.)	
Email (required) _			
Company		College / Grad Year	
Preferred Address	·		
Select Your Membership Option:		Add a Donation to the Washington State Animal Health Foundation's Vets Helping Pets Program	
Retired Out-of-State	\$190* per yr. \$180 per yr.	\$50 Other \$	
MONTHLY AUTO RENEWAL [‡]		Payment Due	
Retired	\$16**er mo.	Payment + WSAHF Donation =	
	card information. Credit card will be automatically until membership is cancelled.	Total \$	
Payment Info	rmation		
Total Amount \$_		Check Visa MasterCard American Express	
Card number		Expiration CVC Code	
Billing Address			
City		StateZip	
Name on Card		Signature	
this amount from your dues p ** Includes a \$4 per month vo subtract this amount from you	ayment. oluntary contribution to the WSVMA Political Action Com ur dues payment.	ich supports candidates for office who will be supportive of veterinary issues. If you do not wish to contribute, please subtract mittee, which supports candidates for office who will be supportive of veterinary issues. If you do not wish to contribute, please business expense but NOT deductible as a charitable contribution. Voluntary contributions for the PAC and Capital Campaign are nonded utible	
Pursuant to Public Law 103-66, th		business expense, but NOT deductible as a charitable contribution. Voluntary contributions for the PAC and Capital Campaign are nondedu obbying expenses is not deductible from federal income taxes as a business expense. It is estimated that approximately 10% of each WSVN	

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