



Application for Veterinary Student Membership

Instructions:

Please complete the following application and mail it along with your payment to:
AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013.

Full Name		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
School	Expected Grad Year	Degree
School Address:		
Studying: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Mix Other:	Please list any areas of interest (Example: Feline, Exotics, Surgery, etc.):	
Mailing Address		
City	State	Zip
Phone	Fax	
Official University email address required for student verification purposes. Your email address will not be published or shared unless you give permission below.		
E-mail		
Do you plan to move to Arizona to practice after graduation?	Home State	

Student Member.....\$12

- I give my permission to include my contact information in the AzVMA membership directory.
- I give my permission to share my contact information with other veterinary students.

Date: _____ Signature _____

Signature constitutes acceptance of and intention to be bound by the Bylaws of this Association and the principles of Veterinary Medical Ethics of the American Veterinary Medical Association. If there are changes to my contact information, I understand it is my responsibility to update my member profile online or notify the AzVMA office in writing immediately. Questions should be sent to membership@azvma.org or call the AzVMA office at 602.242.7936.

Mail Remittance to: AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013
Or, complete the application online: www.azvma.org