



## 2016-2017 Application for Membership

**Instructions:**

Please complete the following application and mail it along with your check to: AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013 **OR** sign up on-line at [www.azvma.org](http://www.azvma.org). ***In addition, a personal photo is requested with this application. It can be color, or black and white. Size of photo is optional. Chest/head shot is best.***

Full Name:			
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Are you currently Arizona licensed?		Date licensed:	
If no, other state currently licensed?	License #:	Date:	
Doctorates (In addition to DVM/VMD):			
Diplomate of Specialty Board:			
School:	Year:	Degree:	
Type of Practice: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Mix	Please list any areas of interest (Example: Feline, Exotics, Surgery, etc.):		
Other:			
Business Name:			
Business Address:			
City:	State:	Zip:	County:
Business Phone:		Fax:	
E-mail:		Website:	
Home Address:			
City:	State:	Zip:	
Home Phone:		Spouse:	
Send mail to: <input type="checkbox"/> Business address <input type="checkbox"/> Home address			

**ATTENTION NEW APPLICANTS:** A copy of your current state veterinary license is required to process your application and activate your membership. Fax to 602.249.3828 or mail to AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013. If you do not have a current state license, (ex. recent graduate, retired), please contact our office (602.242.7936) for an alternative option.

Date: _____	Signature _____
-------------	-----------------

Signature constitutes acceptance of and intention to be bound by the Articles of Incorporation, Constitution and Bylaws of this Association and the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association together with all amendments, present and future, of such Articles, Constitution, Bylaws or Principles of Veterinary Medical Ethics which may be duly adopted pursuant to the provisions thereof, and to continuously strive for the advancement of the profession. I am aware that my application must be accompanied by a copy of my current state veterinary license or acceptable alternative and approved by the Board of Directors. 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](mailto: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](http://www.azvma.org)