



Massachusetts Veterinary Medical Association

163 Lakeside Avenue, Marlborough, MA 01752-4554
508-460-9333 / 508-460-9969 fax
www.massvet.org * staff@massvet.org

2017 MEMBERSHIP FORM

Member Name: _____

**Renew online at
www.massvet.org**

Dues payable for membership January 1 - December 31, 2017

Full Member:	Practicing veterinary medicine in Massachusetts.	\$ 220.00
*Please note that only 80% of your dues are tax deductible.		
I would like to make a donation to the MVMA Charities, Inc.		\$10 _____ \$25 _____ \$50 _____ Other \$ _____
TOTAL DUE		\$ _____

Please complete and return the **INFORMATION UPDATE FORM** and **MEMBER QUESTIONNAIRE** that accompany this renewal form, including any committee choices. We rely on you to keep your contact information, including your email address, current so that we can provide prompt notice of news and developments that affect you.

- Renew:**
- ✓ **online at www.massvet.org**
 - ✓ **by mail (provide credit card info below or send check payable to MVMA)**
 - ✓ **by fax (provide credit card info below) to 508-460-9969**
 - ✓ **by phone with your credit card, just call 508-460-9333**

MasterCard/Visa/AmEx No. _____ Expires: ____ / ____

“V-Code:” _____ (Amex – 4 digits on front of card; all others - last 3 numerals in signature box on back of card)

Billing Address: _____ & Zip: _____

Name on Card (Printed): _____

Authorized signature: _____

For the advancement and protection of the veterinary medical profession in Massachusetts by promoting the betterment of animal health and well-being, enhancing the human-animal bond, safeguarding public health, supporting legislative advocacy and providing excellence in continuing education.

MVMA MEMBER INFORMATION FORM

Help us keep our records current. Please fill in your information and return this form. MVMA respects your privacy! We do not share email addresses or personal information.

I. CONTACT INFORMATION:

Member name:

Are you retired ([circle one](#))? YES NO

Business name:

Type of Business ([circle all applicable](#)):

CLINIC EDUCATION GOVERNMENT HOSPITAL

PHARMACEUTICAL PRIVATE PRACTICE PUBLIC HEALTH RESCUE

SHELTER/HUMANE SPECIALTY RESEARCH

OTHER: _____

Are you the Business Owner ([circle one](#))? YES NO

Business address:

Business city, state, zip:

Business email:

Business phone: Fax:

Veterinary School: Year of Graduation:

Home address:

Home city, state, zip:

Home phone: Mobile phone:

Other Email address(es):

Date of Birth:

Does your practice have a senior citizen or low-income discount program? ([circle one](#))

YES NO Comment: _____

I would like to learn more about the work and responsibilities of the committee(s) indicated below.

<input type="checkbox"/> Animal Welfare	<input type="checkbox"/> Large Animal
<input type="checkbox"/> Communicable Diseases & Public Health	<input type="checkbox"/> Legislative
<input type="checkbox"/> Continuing Education & Programming	<input type="checkbox"/> Membership
<input type="checkbox"/> CE Accreditation Review	<input type="checkbox"/> <i>I am interested in joining the MVMA leadership</i>
<input type="checkbox"/> Emergency & Disaster Preparedness	

MVMA MEMBER QUESTIONNAIRE

Name:

Business/Employer Name:

Board Certification:

Surgery:

<input type="checkbox"/> Laser	<input type="checkbox"/> Neuro
<input type="checkbox"/> Oral	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Reproductive	<input type="checkbox"/> Routine
<input type="checkbox"/> Soft Tissue	<input type="checkbox"/> NO SURGERY

All practitioners (associates, owners, mobile) please select applicable services & equipment.

Services Offered:

<input type="checkbox"/> 24/7 Availability	<input type="checkbox"/> Hospice
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Hydrotherapy
<input type="checkbox"/> Allergy	<input type="checkbox"/> Immunology
<input type="checkbox"/> Behavior	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Interventional Radiology
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Laser Therapy
<input type="checkbox"/> Chronic Disease	<input type="checkbox"/> MRI
<input type="checkbox"/> Complementary	<input type="checkbox"/> Neurology
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Nutrition
<input type="checkbox"/> CT Scan	<input type="checkbox"/> OFA X-Ray
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Oncology
<input type="checkbox"/> Dental Radiography	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Pathology
<input type="checkbox"/> Digital Radiology	<input type="checkbox"/> Pharmacology
<input type="checkbox"/> EKG	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Emergency	<input type="checkbox"/> Rehab./Physical Therapy
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Respiratory Disease
<input type="checkbox"/> Food Therapy	<input type="checkbox"/> Spay/Neuter
<input type="checkbox"/> Hematology	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Herbal	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Home Euthanasia	
<input type="checkbox"/> Homeopathy	Other: _____

Name:

Animals Seen:

- | | |
|---|---|
| <input type="checkbox"/> Avian | <input type="checkbox"/> Ovine |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Pocket Pets |
| <input type="checkbox"/> Camelids | <input type="checkbox"/> Porcine |
| <input type="checkbox"/> Caprine | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Primates (Non-Human) |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Exotic | <input type="checkbox"/> Reptiles |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Ruminant |
| <input type="checkbox"/> Feline | <input type="checkbox"/> Small Animal |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Food | <input type="checkbox"/> Wildlife |
| <input type="checkbox"/> Laboratory Animals | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Large Animal | Other: _____ |

Languages Spoken:

Mobile Practitioner:

Yes No

Cities/Towns Served by Mobile Practice:

By signing below you attest that all information provided by you in this application is true.

Name: