



**Participant Application** (Please Print Legibly)

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

**Current Employment Type**

Small Animal  Large Animal  Mixed  Post-grad Program \_\_\_\_\_

Other \_\_\_\_\_

On an attached sheet of paper please address the following questions – take as much space as you need to paint a complete picture for the evaluators to consider.

**Perspective**

Express why you're interested in participating (e.g. what life experiences or unique perspectives might you bring to the group, what examples can you give from your past experiences that would bring depth and diversity to this group).

**Goals**

What goals do you hope to achieve through participating?

**Activities**

List organizations, clubs and/or committees in which you have actively participated or held office (including veterinary school).

This program is intended for veterinarians who graduated within the last seven years; other candidates may be considered based on their level of interest. Enrollment is limited to 10 WSVMA members per year.

**Send your completed application to:**

Washington State Veterinary Medical Association  
8024 Bracken Place SE  
Snoqualmie, WA 98065

Phone: (425) 396-3191  
Fax: (425) 396-3192  
Email: info@wsvma.org