



- First time applicant – dues waived through end of first calendar year. **Membership Application**
- Returning Member Dues: \$110.00 per year (by check or pay by credit card at www.savma.net)

**Dues are prorated by half to \$55 after June 30.**

**Name** (first, mi, last, designations) \_\_\_\_\_

**Mailing Address** (Required for SAVMA correspondence & billing)  Clinic  Alternate

Clinic/Company Name \_\_\_\_\_

Clinic/Company Address \_\_\_\_\_

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

Alternative Address \_\_\_\_\_

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

Primary Phone (circle one: clinic/cell/other) \_\_\_\_\_

Alternate. Phone (circle one: clinic/cell/other) \_\_\_\_\_

Primary Email \_\_\_\_\_

Alt. Email \_\_\_\_\_ Website \_\_\_\_\_

**Education**

Undergraduate School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Vet. Medical School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Year Graduated \_\_\_\_\_

**Practice Area:**  General practitioner  Specialist

Specialty \_\_\_\_\_ Designation(s) \_\_\_\_\_

**Practice**

- Practice Owner  Academia
- Associate Veterinarian  Mobile
- Relief Veterinarian  Research
- CVT/Paraprofessional  Relief
- Intern  Resident
- Other \_\_\_\_\_

**Patients**

- Feline  Caprine  Porcine
- Canine  Equine  Rabbits
- Exotics  Ferrets/Fish  Reptiles
- Avian  Guinea Pigs  Rodents
- Bovine  Ostrich  Wildlife
- Other  Other

Arizona License number \_\_\_\_\_ Year licensed \_\_\_\_\_

Other states in which you are licensed \_\_\_\_\_ Year licensed \_\_\_\_\_

Have You Ever Had A License Revoked?  Yes  No By whom? \_\_\_\_\_

Are you seeking relief work?  Yes  No Do you want to be listed on our website relief listing?  Yes  No

How did you hear about SAVMA? \_\_\_\_\_

Would you be interested in presenting at a SAVMA continuing education program?  Yes  No

If so, what topic(s) \_\_\_\_\_

What CE program topics interest you? \_\_\_\_\_

Note to SAVMA: \_\_\_\_\_

SAVMA is a 501(c)(6) organization Signature \_\_\_\_\_ Date \_\_\_\_\_