

## Central California Veterinary Medical Association

### 2020 Annual Membership Application

First Name		Last Name		<input type="checkbox"/> DVM <input type="checkbox"/> RVT
Practice Name				
Street Address		City		Zip
Contact Phone		Fax		

Board Certified (please list)	
Relief Veterinarian	

Special Interests/ Services? Please check as many as apply:

House Calls: \_\_\_\_\_

Language: \_\_\_\_\_

Exotics: \_\_\_\_\_

Acupuncture     
 Avian     
 Behavior     
 Chiropractic     
 Dentistry  
Dermatology     
 Feline     
 Fish     
 Geriatrics  
Internal Med     
 Rehab     
 Sx     
 Reproduction

The information you provide will **NOT** be public

Home Address		City		Zip	
Personal Phone					
Email*					

**\*CCVMA will use your email address to notify you of meetings, events, CE, volunteer opportunities, the monthly newsletter and membership renewal info. By providing this email address, you agree to receive this information. CCVMA will NOT share your personal info with any other entity.**

x \_\_\_\_\_ Date \_\_\_\_\_

I agree to uphold the standards of the Central California Veterinary Medical Association.  
 I agree to pay promptly my annual dues to keep my membership and voting privileges in force.

Annual Dues	Email	USPS Only, no email will be sent
Regular DVM	\$75	\$105
Veterinary Techs	\$50	\$70

New Graduate fees free for the first 6 months, after 6 months \$50

**Please enclose a check for dues payable to CCVMA.** If you are paying for multiple memberships, please provide a separate application for for each individual member.  
**Mail for and check to: CCVMA Membership 1639 N. Fresno Street, Fresno Ca. 93703**