



# West Virginia Veterinary Medical Association 2024 Membership Form

Name: \_\_\_\_\_  
 Credentials: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Practice #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Personal #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Veterinary/Technician College: \_\_\_\_\_  
 Graduation Year: \_\_\_\_\_  
 Professional License Number: \_\_\_\_\_

Area of Practice (check all that apply):  
 Companion Animal  Faculty  Food Animal  Equine  
 Government  Mixed  Industrial  
 Exotic  Other \_\_\_\_\_

How would you like to receive the newsletter, *Factline* (check below)

Printed, by mail  
 Digital, by email

If printed, please indicate preferred mailing address:  
 Home  Practice

Did you attend one of our contract schools? (if yes, please check)  
 VMRCVM  MSU-CVM

Member Referral Program: Please list the name of the WVVMA officer, member or corporate sponsor that referred you to join (if applicable):  
 \_\_\_\_\_

How did you hear about us?  Colleague  Current WVVMA member  WVVMA Board Member  Vendor  Other \_\_\_\_\_

## Member Type

	Fee	Amt. Paid
<b>Active Membership</b> (in state Veterinarian)	\$225.00	
<b>Associate Membership</b> (out of state Veterinarian)	\$85.00	
<b>Renewal Technician Membership</b>	\$25.00	
<b>NEW Technician Membership</b> (FREE for 1 <sup>st</sup> year, <b>\$25</b> thereafter)	FREE	FREE
<b>Life Membership</b> (For WVVMA Members of 40+ years and/or over 70 years old)	FREE	FREE
<b>2023-2024 New Graduate Membership</b>	FREE	FREE
Tax-deductible donation to the West Virginia Veterinary Medical Foundation <i>*we accept credit cards or checks. Please indicate the amount you are donating</i> <i>*\$50 suggested donation</i>		
<b>TOTAL ENCLOSED</b>		<b>\$</b>

## Payment:

- **Checks** are made payable to the "WVVMA". Mail check and this completed form to:  
**3801 Westerre Parkway, Suite D, Henrico, VA 23233**
- If paying by **credit card**, please complete the information below:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card billing street address and zip code: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

V-Code (3 or 4 digits) \_\_\_\_\_

- Renew online at: [www.wvvma.org](http://www.wvvma.org)

**Notes:** Dues payment to WVVMA is not deductible as charitable contributions for federal income tax purposes. However, the portion of the dues not attributable to WVVMA legislative affairs may be tax deductible as ordinary and necessary business expenses. The WVVMA estimates that 11% of your 2023 dues are attributed to legislative affairs and are not tax deductible for federal income tax purposes. Retain this portion of your statement for your 2023 filing. Consult your tax advisor.

QUESTIONS: PLEASE CONTACT THE WVVMA OFFICE AT: (T) 804-346-0170, (F) 804-346-2655 or email: [victoria@wvvma.org](mailto:victoria@wvvma.org)

