

Washington State Veterinary Medical Association Membership Registration



Email or Fax to:
E: info@wsvma.org
F: (425) 396-3192

RENEW ONLINE!

Just login at **WSVMA.ORG** and click **RENEW** from your profile page.

Contact Information (Please Print Legibly)

Name _____ Employment Status (owner, associate, etc.) _____

Email (required) _____

Company _____ College / Grad Year _____

Preferred Address _____

2012-2014 Grad/Resident/Intern WSVMA Membership

☐ \$155

(If you are now retired or an out-of-state resident, please contact the WSVMA office to update your membership status.)

2015 WSVMA Member Services Directory

☐ \$0 - Download from wsvma.org

☐ \$35 - Printed & Coil Bound

WSVMA Capital Campaign (one-time pledge)

☐ \$50

☐ \$500

☐ \$100

☐ \$1,000

☐ \$250

☐ Other \$ _____

Easy Pay / Never worry about your renewal date again!

☐ Please renew my WSVMA membership automatically each year.

Payment Options

☐ (1) Annual Payment of **\$155**

☐ (12) Monthly Payments of **\$13**

* Must include credit card information. Credit card will be automatically charged on the billing period of your choice.

Payment Due

1st Payment + Service Directory + Capital Campaign Pledge =

Total \$ _____

Payment Information

Total Amount \$ _____

☐ Visa

☐ Mastercard

☐ American Express

Card number _____ Expiration date _____ CWV Code _____

Last 3 digits on back of the card.

Billing Address (street, city, state & zip) _____

Name on Card _____ Signature _____

Dues payments to the Washington State Veterinary Medical Association may be deductible as a business expense, but NOT deductible as a charitable contribution. Voluntary contributions for the PAC and Capital Campaign are nondeductible. Pursuant to Public Law 103-66, that portion of WSVMA dues which is allocable to the WSVMA's lobbying expenses is not deductible from federal income taxes as a business expense. It is estimated that approximately 9% of each WSVMA member's dues will be allocated to WSVMA lobbying expenditures in the 2014/2015 fiscal year.

By providing the information above and sending payment, I agree that WSVMA may include this information in the WSVMA Member Services Directory. In particular, I am expressly consenting to receive publications, notices, announcements, brochures, reminders, advertising, and other information from, without limitation, from the WSVMA, and all other related entities, via facsimile at the fax number that I provided above, and via e-mail at the e-mail address that I provided above. This permission shall remain in effect until I cancel it in writing with notice to the WSVMA.

WSVMA

Because being a veterinarian is more than just a profession.

WSVMA
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