



Washington State Veterinary Medical Association

## Student Membership 2017-2018

*WSVMA Membership is complimentary to all veterinary students.*

### Primary Contact and Demographic Information: *(Please Print Legibly)*

Name \_\_\_\_\_ Class of \_\_\_\_\_

Non-WSU Email \_\_\_\_\_ Gender  Male  Female

WSU Email \_\_\_\_\_ @vetmed.wsu.edu

Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

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1. What student clubs are you a member of currently? \_\_\_\_\_

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2. In what area of veterinary medicine do you anticipate practicing? \_\_\_\_\_

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3. Are you planning post-graduate studies? \_\_\_\_\_ If yes, what are your plans? \_\_\_\_\_

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4. What state are you from? \_\_\_\_\_ Do you plan to practice there upon graduation? \_\_\_\_\_

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