



Washington State Veterinary Medical Association

Student Membership

WSVMA Membership is complimentary to all veterinary students.

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

Name _____ Class of _____

Non-CVM Email
(required) _____ Gender Male Female

CVM Email _____

Cell Phone _____ Birthdate _____

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

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

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

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

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