



Tennessee Veterinary Medical Association

PO Box 803 • Fayetteville, Tennessee 37334
Fax: 931.433.6289 • Phone 931.438-0070 or 800.697.3587 • hq@tvmanet.org • www.TVMA.net.org

APPLICATION FOR MEMBERSHIP

Name _____ Date of Birth _____

Spouse's Full Name _____

Name of Clinic/Business _____

Office Address _____

Street, Route or P. O. Box

City _____ County _____ State _____ Zip (9-digit if available) _____

Home Address _____

Street, Route or P. O. Box

City _____ County _____ State _____ Zip (9-digit if available) _____

Telephones _____

Office _____ Home _____ FAX _____ Cell _____

E-mail Address _____ Web Site URL _____

State Senate District _____ State House District _____

Please check your preferred mailing address: Office Home

Veterinary School _____ Year Graduated _____

Professional Activity (please check one):

- | | | | |
|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mixed Practice | <input type="checkbox"/> Academic | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Small Animal | <input type="checkbox"/> Clinician | <input type="checkbox"/> Veterinary Public Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Large Animal | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Regulatory Medicine | |
| <input type="checkbox"/> Equine (exclusive) | <input type="checkbox"/> Pathology | <input type="checkbox"/> Extension | |
| <input type="checkbox"/> Bovine (exclusive) | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Military | |

Please check the category that best describes you:

- Owner/Partner Associate Academician/Researcher Government Other _____

IMPORTANT INFORMATION FOR APPLICANTS

The objectives of the Tennessee Veterinary Medical Association as stated in the TVMA Constitution are:

- To advance the science and art of veterinary medicine.
- To protect the professional and personal interest of duly qualified veterinarians.
- To obtain the enactment and enforcement of just and appropriate laws and regulations governing the practice of veterinary medicine.
- To disseminate information that will encourage the development and application of scientific veterinary science.

QUALIFICATIONS FOR MEMBERSHIP

- Veterinarians who are graduates of veterinary colleges accredited by the AVMA/approved by TVMA or who have received ECFVG approval may apply for: (a) Active membership (limited to veterinarians in the state of Tennessee), (b) Non-Resident membership (non-voting membership for veterinarians who neither reside nor practice in the state of Tennessee), (c) Veterinarian Spouse membership (for veterinarians married to Active TVMA members), or (d) First Year Graduate membership.
- This application for membership shall be completed in full and returned to the Executive Director at the above address.
- The applicant shall agree to uphold the objectives of TVMA and to comply with TVMA Bylaws and the Code of Ethics.
- Veterinarians do not have to be licensed in the state of Tennessee in order to join TVMA.
- Annual dues shall accompany the application for membership.

- | | |
|--|-------|
| <input type="checkbox"/> Active Member | \$215 |
| <input type="checkbox"/> First Year Graduate | 50 |
| <input type="checkbox"/> Veterinarian Spouse | 115 |
| <input type="checkbox"/> Retired | 90 |
| <input type="checkbox"/> Paraprofessional | 75 |
| <input type="checkbox"/> Non-Resident Member | 90 |
| <input type="checkbox"/> Student | 40 |
| <input type="checkbox"/> Allied Member | 215 |

- Check Visa MasterCard
 American Express Diners Club

Credit Card No. _____

Exp. Date _____

APPLICATION CERTIFICATION

I hereby make application for membership and am paying annual dues of \$_____.

Signature of Applicant _____

Date _____

A portion of TVMA dues payments (90%) may be deductible for tax purposes as a business expense. They are not deductible as a charitable contribution.

Please submit application with payment to:

TVMA
PO Box 803
Fayetteville, TN 37334

Applications paid by credit card may be faxed to 931.433.6289.

Questions? Please call 931.438.0070 or 800.697.3587.