



1121 Chatham Road  
Springfield IL 62704  
217/546.8381  
217/546.5633 (fax)  
www.ISVMA.org  
Peter S. Weber, MS, CAE, Executive Director

## 2011-2012 ISVMA Membership Dues Application

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

### **I. Applicant Professional Contact Information** *Please complete if you know where you will be working.*

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Business  
Phone (\_\_\_\_) - \_\_\_\_\_

Business  
Fax (\_\_\_\_) - \_\_\_\_\_

Business  
E-mail: \_\_\_\_\_

Business  
Website: \_\_\_\_\_

### **II. Applicant Personal Contact Information** *Please give information where you can be contacted after graduation.*

Home Address: \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Home  
Phone (\_\_\_\_) - \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate which address you prefer we use for your mailing address:

BUSINESS ADDRESS

HOME ADDRESS

### **III. Personal Data** *Please complete all fields for use in the ISVMA database.*

Illinois Veterinary/CVT License # \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male Female

Married: Yes No Spouse/Partner Full Name: \_\_\_\_\_

Veterinary/ \_\_\_\_\_  
Veterinary Technician College

Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

#### ----- **FOR OFFICE USE ONLY** -----

Date Rec'd \_\_\_\_\_

Member # \_\_\_\_\_

Amount rec'd \_\_\_\_\_

Date Membership Activated \_\_\_\_\_

**IV. DUES** Please check the desired level of membership. Annual membership fees are due on July 1 of each year.

**DVM**

*Active Membership*

2009 and prior Graduates \$270.00  
 2010 Graduates 135.00  
 2011 Graduates 0.00  
 Veterinarian Intern/Resident 135.00  
 DVM Graduate Student 25.00

*Inactive Membership*

Any year of graduation 90.00

**Non-DVM**

Veterinary Technician 85.00  
 Affiliate Membership 50.00  
 Veterinary Student 0.00

**SUBTOTAL** \$ \_\_\_\_\_

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**\$10.00 PROCESSING FEE** 10.00

**TOTAL DUE ISVMA** \$ \_\_\_\_\_

Please remit to ISVMA by check or credit card. If you would like to pay by credit card, complete the following and mail to ISVMA or FAX to 217-546-5633.

Account # \_\_\_\_\_

Three Digit Code on Card Back \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

**SIGN HERE:**

I HEREBY APPLY FOR MEMBERSHIP IN THE ILLINOIS STATE VETERINARY MEDICAL ASSOCIATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**V. ADDITIONAL INFORMATION** Please provide the following information if applicable:

1. Have you been certified as a specialist by a board of examiners?  Yes  No

If yes, please list certifications: \_\_\_\_\_

2. Do you have a relationship with a member of the Illinois General Assembly, an elected statewide official, a member of the Illinois Congressional delegation or a key political staffer?  Yes  No

If yes, please name the individual(s) and the nature of your relationship: \_\_\_\_\_

3. Are you interested in serving ISVMA in a volunteer capacity (committee, task force, convention moderator, etc.)?  Yes  No

If yes, do you have specific experience that we should know about? \_\_\_\_\_