



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

**DVM**

*Active Membership*

2007 and prior Graduates \$260.00  
 2008 Graduates 130.00  
 2009 Graduates 0.00  
 Veterinarian Intern/Resident 130.00  
 DVM Graduate Student 25.00

*Inactive Membership*

Any year of graduation 85.00

**Non-DVM**

Veterinary Technician 85.00  
 Affiliate Membership 50.00  
 Veterinary Student 0.00

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

Proration (after January 1) 50% off

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

**\$10.00 PROCESSING FEE** 0.00  
(WAVIED)

**TOTAL DUE ISVMA** \$ 0.00

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 217-523-7981.

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? \_\_\_\_\_