



IDAHO VETERINARY MEDICAL ASSOCIATION

2018 MEMBERSHIP APPLICATION

To update your IVMA membership, you may renew online at www.IVMA.org (see instructions below) or return this form with payment. Please note corrections or changes where needed. Thank you!

Name: _____

Business Name: _____

Business Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Veterinary School: _____ Graduation Year: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

My Legislative District: _____ My State Senator: _____

My House Rep: _____ VIP Client (e.g. Senator, Governor): _____

| <u>SELECT YOUR MEMBERSHIP LEVEL</u> (All memberships expire December 31, 2018) | <u>Amount</u> | <u>Subtotal</u> |
|---|----------------------|------------------------|
| _____ IVMA Annual/Active Member (Idaho resident) | \$200 | _____ |
| _____ Non-Resident (Resides outside of Idaho) | \$75 | _____ |
| _____ Please include late fee if postmarked after Feb. 28, 2018 | \$20 | _____ |
| _____ Recent Graduate (Graduated in 2016 or 2017) | \$0 | _____ |
| _____ Life Member (Requirements: An active IVMA member for a minimum of 15 years, over 65 years of age, retired from active practice, and approved by the IVMA Board of Directors) | \$0 | _____ |

OPTIONAL DONATION

_____ WSU White Coat Fund (Purchase a lab coat for an Idaho student) \$25 _____

PAYMENT INFORMATION

TOTAL ENCLOSED \$ _____

_____ **Check enclosed** (payable to IVMA)

_____ **Credit Card:** _____ Visa _____ MasterCard _____ Discover _____ AMEX

Card Number _____ Exp. Date _____

Full Billing Address _____

Name on Card _____ Signature _____

Please return completed membership form along with payment to the IVMA.

MAIL: IVMA, PO Box 241, Timnath, CO 80547 • **FAX:** 877.334.2565 • **EMAIL:** Scan and email to info@ivma.org

(Payments to the IVMA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code as business expenses.)

Please see survey on back

MEMBERSHIP SURVEY

The Idaho Veterinary Medical Association serves to support and represent veterinarians as they serve the citizens of Idaho through their professional activity and to promote the One Health Initiative. To help fulfill this mission and better serve you, please fill out the following survey. Your responses will help form the best approach moving forward as we seek continuous improvement, growth, and member satisfaction.

1. Which category best describes your current employment status?

- Own your own practice
- Work for a practice
- Employed by an educational or governmental organization
- Employed in industry
- Academic
- Retired
- Unemployed
- Other: _____

2. Please rank the following IVMA features/benefits in terms of importance for you. Use a "1" for the most important, "2" for the second most important, etc., until you have ranked all items.

- ___ Continuing education opportunities
- ___ The ability to influence legislation
- ___ Networking/camaraderie with others in the veterinary profession
- ___ Promotion of veterinary medicine
- ___ Updates on current information
- ___ Benefits offered to members, such as insurance

3. What benefits or services do you wish the IVMA provided?

4. Please feel free to provide additional comments, questions, concerns, or ideas to improve the IVMA.

Thank you for taking the time to complete this survey.