



IDAHO VETERINARY MEDICAL ASSOCIATION

2019 MEMBERSHIP APPLICATION

To update your IVMA membership, you may renew online at www.IVMA.org (log in using the email listed 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/Login on www.ivma.org: _____

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): _____

Practice Type: Small Animal Food Animal Equine Mixed Academia Government Industry Retired

I am interested in receiving alerts for: Small animal infectious disease Large animal and food animal infectious disease

One Health educational events Disaster response alerts regarding veterinary clinics in need of assistance

SELECT YOUR MEMBERSHIP LEVEL (All memberships expire December 31, 2019)

	Amount	Subtotal
_____ IVMA Annual/Active Member (Idaho resident)	\$200	_____
_____ Non-Resident (Resides outside of Idaho)	\$75	_____
_____ Please include late fee if postmarked after Feb. 28, 2019	\$20	_____
_____ Recent Graduate (Graduated in 2017-19)	\$0	_____
_____ Idaho Student Enrolled in Veterinary School/College	\$0	_____
_____ Life Member (Requirements: An active IVMA member for a minimum of 15 years, over 65 years of age and <i>submit a written request</i> . Must be 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) Check # _____

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

Name on Card _____

Billing Address, State, Zip _____

Card Number _____ **Exp. Date** _____ **CVV** _____

Email receipt to _____ **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 (IVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except that portion attributable to IVMA lobbying activities, which is estimated to be 20%.)