



2009 TCVMA Membership Application

Tarrant County Veterinary Medical Association

Please select from the following membership options below:

- DVM membership - \$135 per year.** Benefits include: an entire year of continuing education, the monthly newsletter, free classified newsletter ads, and voting privileges.
- DVM Plus membership - \$195 per year.** Benefits include all the DVM membership benefits and two one-year passes to the 2009 TCVMA CE classes. These passes can be used all year to have your staff attend the monthly CE meetings. Please note: the passes can only be used for non-DVM employees and staff of the DVM plus member.
- 65+ DVM - Free. Membership is free to veterinarians over 65 years of age.** Benefits include: an entire year of continuing education, the monthly newsletter, free classified newsletter ads, and voting privileges.
- Non-DVM membership - \$65 per year.** Benefits include: an entire year of continuing education and the monthly newsletter.
- No, I would not like to become a member this year, but keep me on your mailing list.** (If you would like to be removed from our mailing list please write "remove from list" on this form and fax it to TCVMA)

Please review the information below. Please fill in the correct or missing information (please make any necessary corrections to this information). If you do not want any of this information printed in TCVMA publications, please specify the items on this form. After you have completed/reviewed this form, please mail this application along with any necessary payments to the address below. Make your check payable to the TCVMA. Visa, MasterCard and Discover are accepted.

**Please mail all correspondence and dues payments to:
TCVMA, P.O. Box 161415, Fort Worth, TX 76161**

**If no payments are required, this form may be faxed to TCVMA at (817) 788-8426.
For questions please call Mandy Ricketts, TCVMA Executive Secretary, at (817) 788-8474.**

Member Information

Name: _____ Spouse Name: _____ Clinic Name: _____ Clinic Address: _____ _____ Home Address: _____ _____	Work Phone: _____ Fax Number: _____ E-Mail: _____ Send Correspondence To <small>O=Office H=Home</small> _____ Home Phone: _____ Member 2008: _____
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**TCVMA is expanding our database to help our members and the public.
Please provide this information about your practice.**

Type of Practice: Large Animal, Small Animal, or Mixed? _____

Special Interests: Exotics, Alternative Medicine, etc.? _____

Board Certified? ___ Yes ___ No. If yes, what area? _____

In what areas would you like to serve your organization? ___ monthly meetings, ___ calling members, ___ serving on committees, ___ veterinary community banquet, ___ other

Amount enclosed: 2009 TCVMA Dues _____ Total _____ / Check # _____ / Visa ___ M/C ___ Dis _____

Exp. Date: ___/___/___

Credit Card # _____ **Sec code** _____ **Billing ZipCode** _____