



2019 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 2019 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, fax or email this application along with any necessary payments to the address below. Make your check payable to the TCVMA. Visa, MasterCard, Discover and American Express are accepted.

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

**This form may be faxed to TCVMA at (817) 788-8426 or emailed to mricketts@tcvma.com
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: _____ Publish E-Mail info in Directory: YES or NO _____ Send Correspondence To <input type="checkbox"/> =Office <input type="checkbox"/> =Home _____ Home Phone: _____ Member 2018: _____
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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 social _____ other

Amount enclosed: 2019 TCVMA Dues Total _____ / **Check #** _____ / **Visa** _____ **M/C** _____ **Dis** _____ **AE** _____

Credit Card # _____ **Exp. Date** ____ / ____ **Sec code** _____ **Zipcode** _____