



2024 TCVMA Membership Application

Tarrant County Veterinary Medical Association

Please select from the following membership options below:

- DVM Platinum membership - \$200 per year.** Benefits include: an entire year of continuing education **Virtual or In-Person at CCVMA, DCVMA and TCVMA**, the monthly TCVMA newsletter, free classified TCVMA newsletter ads, and TCVMA voting privileges.
- DVM membership - \$135 per year.** Benefits include: an entire year of continuing education **Virtual or In-Person at TCVMA**, 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 2024 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 **Virtual or In-Person at TCVMA ONLY**, the monthly newsletter, free classified newsletter ads, and voting privileges.
- Non-DVM membership - \$65 per year.** Benefits include: an entire year of continuing education **Virtual or In-Person TCVMA** 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)

****Pay online at www.tcvma.com. click on payment. Type " Dues & Your Name" in the Invoice Box.****

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: _____ Work Phone: _____

Clinic Name: _____ Fax Number: _____

Clinic Address: _____ E-Mail: _____

Home Address: _____ Publish E-Mail info in Directory: **YES or NO** _____

Send Correspondence To O=Office H=Home _____

Cell Phone: _____

Member 2023: _____

**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: 2024 TCVMA Dues Total _____ / Check # _____ / Visa _____ M/C _____ Dis _____ AE _____

Credit Card # _____ Exp Date _____ / _____ Sec code _____ Zipcode _____