



2025 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 2025 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.
- 65yrs + DVM membership - \$65 per year.** 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.****
OR click on the QR CODE below for credit card payment.

Please mail all correspondence and dues payments to:
TCVMA, P.O. Box 161415, Fort Worth, TX 76161 or email form to mricketts@tcvma.com

Member Information

Name _____	Work Phone: _____
Spouse Name: _____	Fax Number: _____
Clinic Name _____	E-Mail: _____
Clinic Address: _____	Publish E-Mail info in Directory: YES or NO _____
Home Address: _____	Send Correspondence To <u>O=Office H=Home</u> _____
_____	Cell Phone: _____
_____	Member 2024: _____

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, ____ serving on committees, ____ veterinary community social ____ other

Amount enclosed: 2025 TCVMA Dues Total ____ / Check # ____ / Online Payment _____

