

**ALAMEDA COUNTY VETERINARY MEDICAL ASSOCIATION  
MEMBERSHIP APPLICATION**

Return the completed application, along with the **\$145 Yearly Dues** (checks payable to ACVMA) to the Executive Director:

Kim Thomason  
PO Box 265  
San Lorenzo, CA 94580

[ACVMA@aol.com](mailto:ACVMA@aol.com)

Date \_\_\_\_\_

Name \_\_\_\_\_ Calif. DVM License # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital/Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_ Graduated From \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

Areas of Expertise or Specialty Boarded In (please be specific and describe)

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I certify that the above information is true, and I will abide by the rules and ethics adopted by the ACVMA, as described by the Constitution and Bylaws.

Applicant's Signature \_\_\_\_\_

## MEMBERSHIP PROCESS

1. Return application, along with the \$145 Yearly Dues Fee to the Executive Director.
2. At the first General Meeting following receipt of this application, the applicant will be introduced as a Prospective Member. **Prospective Members** may not vote in Association matters.
3. If no objection to the Prospective Member advancing to Active status is received by the Board of Directors within that time, the applicant will be advanced to **Active Member** status.