

**ALAMEDA COUNTY VETERINARY MEDICAL ASSOCIATION
MEMBERSHIP APPLICATION**

Return the completed application, along with the **Yearly Dues (\$145 for DVM's and \$70 for RVT's)**. Please make checks payable to ACVMA. Mail to the Executive Director:

Jennifer Perry
PO Box 265
San Lorenzo, CA 94580
ACVMA@aol.com

Date _____

Name _____ Calif. DVM License # _____

Calif. RVT License # _____

Mailing Address _____ City _____ State _____ Zip _____

Hospital/Business Name _____

Address _____ City _____ State _____ Zip _____

Telephone: Business _____ Cell _____

Graduated From _____ Year _____

Email Address _____

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

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 payment of \$145 (for DVM's) or \$70 (for RVT's) for your 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.