



Chicago Veterinary Medical Association

100 Tower Drive · Suite 234 · Burr Ridge, IL 60527

Phone: (630) 325-1231 · Fax: (630) 325-4043

Email: cvma@chicagovma.org

MEMBERSHIP APPLICATION

Please complete all fields within this application and submit it to the CVMA office. Applications are reviewed and presented at each consecutive Executive Board Meeting. Your application will be presented for Board approval and you will be notified.

Name: _____ Date: _____

Professional Information

Clinic/Hospital: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Personal Information

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please indicate which address you prefer we use for your mailing address:

Business Address

Home Address

Additional Information

Date of Birth: _____ School: _____ Year of Graduation: _____

Illinois Veterinary License #: _____

Type of Practice: _____ Do you own the practice? Yes No

Are you a member of the ISVMA? The AVMA? States Licensed 1. _____ 2. _____ 3. _____

Marital Status: _____ Spouse's Name: _____

This application must be endorsed by two (2) CVMA members. However, endorsements are not required for Student Applicants:

CVMA Member Name: _____ Business Phone: _____

Signature: _____

CVMA Member Name: _____ Business Phone: _____

Signature: _____



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MEMBERSHIP APPLICATION

Board Certification(s): _____ Year: _____

Area(s) of Expertise: _____

I am especially interested in: _____

Volunteer Opportunities

Yes, I am interested in being involved by serving on a CVMA committee.

Please list specific committees, if applicable: _____

By submitting this application, I agree:

To enclose the \$25.00 application fee with this application.

To enclose applicable dues in the amount payable as of application mailing date:

\$200 = January, February, March, April, May, June

\$100 = July, August, September

\$ 0 = October, November, December

\$ 0 = New Graduate for first 12 months from Graduation

\$ 0 = Student Membership

To abide by the constitution and bylaws and policies of this association.

"I am of good moral character and reputation and agreeable to maintaining standards, personally and professionally, which will foster growth and improvement of Veterinary Medicine, and will abide by the statutes of the State of Illinois governing the practice of Veterinary Medicine and Surgery and with the Veterinary Medical Ethics set forth by the AVMA. I have no pending action against me through either the ISVMA Judicial Committee or the Illinois Department of Professional Regulation. I will notify the Executive Board if any such action is brought against me prior to consideration of my application at the CVMA General Meeting."

Applicant Signature: _____

Submit Membership Application To:

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