



# Chicago Veterinary Medical Association

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

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

E-mail: [CVMA@chicagovma.org](mailto:CVMA@chicagovma.org)

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

### **Professional Contact Information** *Please complete all fields for our database*

Clinic/Hospital \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

### **Personal Data** *Please complete all fields for our database*

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

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

\_\_\_\_\_ **Business Address**      \_\_\_\_\_ **Home Address**

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Illinois Veterinary License # \_\_\_\_\_

Type of Practice \_\_\_\_\_ Do you own the practice? \_\_\_\_\_

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:**

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Signature \_\_\_\_\_



# Chicago Veterinary Medical Association

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

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

E-mail: [CVMA@chicagovma.org](mailto:CVMA@chicagovma.org)

## MEMBERSHIP APPLICATION

Board Certification \_\_\_\_\_ Year \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

I am especially interested in: \_\_\_\_\_

### Volunteer Opportunities

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

### **By submitting this application, I agree:**

- To enclose \$25.00 application fee with this application.
- To enclose applicable dues in the amount payable as of application mailing date:  
January, February, March, April, May, June = \$200.00  
July, August, September = \$100.00  
October, November, December = No Charge  
(New Graduates: Annual dues are complimentary for year of graduation)
- 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 \_\_\_\_\_

Remit To:

Chicago Veterinary Medical Association

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

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