



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

STUDENT APPLICATION

Please complete all fields within this application and submit it to the CVMA office. Applications are reviewed and presented for approval at the next Executive Board Meeting. You will be notified of acceptance.

Name: _____ Date: _____

Personal Information

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

Home Phone: _____ Cell Phone: _____

Professional Email: _____

Personal Email: _____

School Address: _____ City: _____ State: _____ Zip: _____

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

School Address **Home Address**

Additional Information

Date of Birth: _____ School: _____

Anticipated Graduation: _____

Are you a member of the ISVMA? The AVMA?

By submitting this application, I agree:

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

"I am of good moral character and reputation and aggregable to maintaining standards, personally and professionally, which will foster growth and improvement of Veterinary Medicine, Medicine and Surgery 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 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."

Application Signature: _____

Submit Membership Application To:
Chicago Veterinary Medical Association
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Email: cvma@chicagovma.org