

**APPLICATION FOR MEMBERSHIP
MONTANA VETERINARY MEDICAL ASSOCIATION**

I hereby make application for membership in the Montana Veterinary Medical Association:

Name _____ DVM _____ VMD _____

Mailing address _____
Street or Box _____ City _____ State _____ Zip _____

Address for free web listing _____
Clinic Name _____

Street or Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I graduated from _____
Veterinary School _____ Month _____ Year _____

Seeking Membership Status in the Category Checked

_____ **Active member** – \$100; full benefits of association; must be licensed in Montana. Provide copy of license.

_____ **Affiliate member** – \$75; veterinarians living out of state; must be member of state association in which currently residing. Provide copy of license.

_____ **Life member** – No charge; must be 65 years of age and have been a member of the Montana Veterinary Association for 25 years

Year joined MVMA: _____ Your birth date _____

Three References: (Must be veterinarians licensed in Montana.)

Name _____ City _____

Name _____ City _____

Name _____ City _____

Enclosed for Full and Affiliate Memberships.

A check for \$_____ is enclosed.

A copy of my license – required for final approval of application.

Signature _____ Date _____

Please mail application to MVMA, PO Box 6322, Helena, MT 59604.

Contributions or gifts to the MVMA are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. MVMA estimates that the nondeductible portion of your dues, the portion that is allocable to lobbying is 15%.