



2010 Membership Dues

Please Renew Today!!

Last Name _____ First _____ MI _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ County: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

School: _____ Year Graduated: _____

Please circle your type of practice:

- | | | |
|-------------------------------|-----------------------------------|-----------------------------------|
| 10 Bovine Exclusive | 11 Equine exclusive | 12 Porcine exclusive |
| 13 Large animal (all species) | 14 Mixed (over 50% large) | 15 Mixed (50-50 large & small) |
| 16 Mixed (over 50% small) | 17 Small animal exclusive | 18 Poultry exclusive |
| 24 Pathology | 30 Veterinary public health | 36 Regulatory veterinary medicine |
| 41 Laboratory animal medicine | 45 Industrial veterinary medicine | 50 Military veterinary service |
| 55 Veterinary educator | 60 Other veterinary medicine | 70 Retired |

Please check all categories applicable to your membership/contribution

- Practicing veterinarian residing in Arkansas.....\$165.00
- Associate member (veterinary faculty, principal practice out of state, retired and no longer practicing)..... \$65.00
- New graduate 1st calendar year following graduation (2009 grad).....\$95.00
- 2010 Graduates..... Complimentary
- Honor Roll and Life Members..... Complimentary
- Auxiliary dues for spouse of member (enter spouse's below).....\$30.00

Voluntary contribution:

- Arkansas Veterinary Medical Foundation (tax deductible as a charitable contribution).....\$ _____
- Arkansas Veterinary Medical Association Public Relations Fund.....\$ _____

Total Payment \$ _____

Checks should be made payable to:

Arkansas Veterinary Medical Association

P.O. Box 17687, Little Rock, AR 72222-7687

PH: 501-868-3036 FAX: 501-868-3034 E-Mail: arkansasvma@comcast.net

Additional Information

Spouse's Name: _____ Member of auxiliary: yes no

Home Address: _____

City: _____ State & Zip: _____