

VETERINARY MEDICAL ASSOCIATION OF NEW YORK CITY, INC.

Post Office Box 959, New York, New York 10024 Phone 212.246.0057 | Fax 212.721.1620 | website: www.vmanyc.org

MEMBERSHIP APPLICATION

Applicants for the Veterinary Medical Association of New York City (VMANYC) membership must also join the New York State Veterinary Medical Society (NYSVMS). This application covers membership in both the VMANYC and the NYSVMS, so you only need to complete one application for both organizations. Active membership is open to veterinarians who practice or work in any of the five boroughs of NYC. Associate (non-voting) membership is available for veterinarians practicing outside of that area who belong to their state veterinary associations. Dues are billed following acceptance into the membership through the NYSVMS. New graduates are given free membership in both the VMANYC and the NYSVMS for the first six months following graduation.

| DUES STRUCTURE | | | |
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| ACTIVE | <u>VMANYC</u> | <u>NYSVMS</u> | |
| □ First six months following graduation □ First year following graduation □ Second year following graduation □ Third year following graduation □ Fourth year following graduation □ ASSOCIATE | FREE \$ 56.25 112.50 168.75 225.00 \$ 60.00 | FREE \$ 57.50 115.00 172.50 230.00 | |
| License #: | Graduation Year: | | |
| Veterinary College Attended: | | | |
| Name: | | □ DVM □ VMD □ Other: | |
| Name of Hospital/Clinic/Institution: | | | |
| Business Address: | | | |
| City/Town: | State: | Zip Code: | |
| Work Phone: | Fax | : | |
| E-mail: | | | |
| Practice Website Address: | | | |
| Residence Address: | | | |
| City/Town: | State: | Zip Code: | |
| Home Phone: | Mohile | | |

| Date of Birth: | Place of Birth: | |
|--|--|---|
| Diplomat Status: | | |
| Type of Employment: | () Veterinary Practice() Small Animal() Large Animal() Mixed() Non-Profit | () Other() Governmental() Institutional() Industrial |
| Language(s) spoken other | than English: | |
| - | per of one member of the VMA of NYC member, please check he | of NYC who is willing to sponsor your membership. ere (). |
| Sponsor Name: | | Telephone Number: |
| Veterinary Medical Society Applicant signature: | ship in the Veterinary Medical A and agree to be governed by th | |
| Completed application show | uld be mailed to: | |
| Membership Department VMA of NYC, Inc. Post Office Box 959 New York, NY 10024 | | |
| | C: | |
| Executive Secreta | | |