



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

ACTIVE	<u>VMANYC</u>	<u>NYSVMS</u>
<input type="checkbox"/> First six months following graduation	FREE	FREE
<input type="checkbox"/> First year following graduation	\$ 56.25	\$ 57.50
<input type="checkbox"/> Second year following graduation	112.50	115.00
<input type="checkbox"/> Third year following graduation	168.75	172.50
<input type="checkbox"/> Fourth year following graduation	225.00	230.00
<input type="checkbox"/> ASSOCIATE	\$ 60.00	

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: _____ Mobile: _____

