



**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. New graduates are given free membership in both the VMANYC and the NYSVMS for the first six months following graduation.

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**DUES STRUCTURE**

<b>ACTIVE</b>	<b><u>VMANYC</u></b>	<b><u>NYSVMS</u></b>
<input type="checkbox"/> First six months following graduation	FREE	FREE
<input type="checkbox"/> First year following graduation	\$ 56.25	\$ 63.75
<input type="checkbox"/> Second year following graduation	112.50	127.50
<input type="checkbox"/> Third year following graduation	168.75	191.25
<input type="checkbox"/> Fourth year following graduation	225.00	255.00
<input type="checkbox"/> <b>ASSOCIATE</b>	\$ 60.00	

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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: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  M  F

**Diplomat Status:** \_\_\_\_\_

**Type of Employment:**

<input type="checkbox"/> Veterinary Practice	<input type="checkbox"/> Other
<input type="checkbox"/> Small Animal	<input type="checkbox"/> Governmental
<input type="checkbox"/> Large Animal	<input type="checkbox"/> Institutional
<input type="checkbox"/> Mixed	<input type="checkbox"/> Industrial
<input type="checkbox"/> Non-Profit	

**Language(s) spoken other than English:** \_\_\_\_\_

Name and telephone number of one member of the VMA of NYC who is willing to sponsor your membership.  
If you do not know a VMA of NYC member, please check here ( ).

**Sponsor Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

I hereby apply for membership in the Veterinary Medical Association of New York City and the New York State Veterinary Medical Society and agree to be governed by their Constitutions and By-Laws.

**Applicant signature:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Payment Method:**  Personal Check  Company Check  American Express  Master Card  Visa

**Cardholder Name:** \_\_\_\_\_

**Card No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_ / \_\_\_\_ **CVS** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Completed application should be mailed with payment to:

Membership Department  
VMA of NYC, Inc.  
Post Office Box 959  
New York, NY 10024

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