



**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	\$ 50.00	\$ 83.75
<input type="checkbox"/> Second year following graduation	100.00	157.50
<input type="checkbox"/> Third year following graduation	150.00	231.25
<input type="checkbox"/> Fourth year following graduation	200.00	305.00
<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: \_\_\_\_\_

