



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.

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	\$ 50.00	\$ 90.00
<input type="checkbox"/> Second year following graduation	100.00	170.00
<input type="checkbox"/> Third year following graduation	150.00	250.00
<input type="checkbox"/> Fourth year following graduation	200.00	330.00
<input type="checkbox"/> ASSOCIATE (working outside NYC)	\$ 200.00	

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: _____

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
