APPLICATION FOR MEMBERSHIP

New Jersey Veterinary Medical Association
390 Amwell Road, Suite 402 Hillsborough, NJ 08844
(908) 281-0918, www.njvma.org, info@njvma.org

This application should be returned to the NJVMA office by mail or fax (908) 450-1286.

First year dues for residents of New Jersey are free!
Dues for out-of-state (Associate) members are $100.
Dues for lapsed members are $260.

Please print or type

Name_____ **Date** _____
First Middle Last

Hospital/Office Name _____

Hospital/Office Address _____

City _____ **State**_____ **Zip** _____**County** _____**Office Phone** (____)_____

Office Fax (_____)_____**E-mail** _____

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Home Address_____

City _____**State** _____**Zip** _____**Home Phone** (_____)_____

Cell Phone (_____)_____ (By providing your cell phone number you agree to receive text messages from the NJVMA)

To which address do you want your mail sent? _____Office _____Home

Practice Type

- ☐ Alternative Medicine (ALT)
- ☐ Board Certified (BOARD CERT)
- ☐ Emergency (EMERG)
- ☐ Equine (EQ)
- ☐ Exotics (EX)
- ☐ Feline (FEL)
- ☐ Government (GOV)
- ☐ House Calls (HC)
- ☐ Industrial (IND)
- ☐ Laboratory Animal (LAB)
- ☐ Large Animal (LA)
- ☐ Mixed Practice (MP)
- ☐ Mobile (MOB)
- ☐ Referral (REF)
- ☐ Relief (REL)
- ☐ Research (RES)
- ☐ Retired (RET)
- ☐ Small Animal (SA)
- ☐ Small Ruminants (SM RUM)
- ☐ Teaching (TEACH)
- ☐ Zoo (ZOO)

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Area of Interest(s) Would you like your name to be included in a list of veterinarians who have an interest in particular species or practice modalities? If so, please indicate below all that apply to you as an individual:

☐ Acupuncture	☐ Dentistry	☐ Neurology	☐ Reptiles
☐ Aquatics	☐ Dermatology	☐ Nuclear	☐ Rehabilitation
☐ Avian	☐ Emergency	☐ Oncology	☐ Small Mammals
☐ Behavior	☐ Equine	☐ Ophthalmology	☐ Small Ruminants
☐ Bovine	☐ Feline	☐ Penn Hip Certified	☐ Theriogenology
☐ Cardiology	☐ Homeopathy & Alternative	☐ Pet Pigs	☐ Ultrasound
☐ Chiropractic	☐ Internist	☐ Radiology	☐ Other _____

☐ **Include me in the Find a Veterinarian section of the NJVMA website (**check box if "Yes")

Veterinary School_____ **Degree** _____**Year** _____

Undergraduate School_____ **Degree** _____ **Year**_____

Date of Birth Month/Day/Year _____ **Spouse's Name** _____

Diplomate Status or other Certifications _____

Gender M / F **Practice Owner?**_____ **Associate?** _____ **Have you ever been a member of the NJVMA?**_____

History of previous or concurrent membership in NJ or other state VMA

Association _____ **From** _____ **to** _____ **Active/Inactive**_____

I hereby agree, if elected to membership in the New Jersey Veterinary Medical Association, to abide by the Constitution, Bylaws and Code of Ethics of the Association.

Signature of Applicant _____