New Jersey Veterinary Medical Association

Application For Student Membership

PLEASE NOTE:

NJVMA Student Membership is COMPLIMENTARY.

Your Student Membership term expires on the date in which you graduate from Veterinary school.

Full Name					Application Date					
Mailing Address					City, State, Zip					
Primary Phone Number					Email Address					
Veterinary School Name					Year of Graduation					
ARE	AS OF INTEREST/STUDY									
	Alternative Medicine Emergency	(ALT) (EMERG) -	Industrial Laboratory Anin		IND) LAB)		Research Small Animal	(RES) (SA)	
	Equine Exotics Feline	(EQ) (EX) (FEL)		Large Animal Mixed Practice Mobile	(LA) MP) MOB)		Small Ruminants Teaching Zoo	(SM RUM) (TEACH) (ZOO)	
	Government House Calls	(GOV) (HC)		Referral Relief	(REF)	_		` ,	
MEN	ITORSHIP PROGRAM									
The NJVMA offers a free mentorship program for New Jersey residents attending veterinary school. You have the opportunity to be matched with an NJVMA member who is available to answer any of your questions regarding veterinary medicine. Participation in the program is voluntary for both students and NJVMA members. If you choose to participate, please understand that NJVMA members put considerable time and effort into contacting you and it is expected that you will also participate in the program by corresponding with your mentor via e-mail throughout the year.										
Are you interested in participating in the mentorship program? Yes No										
If Ye	s, please note any specia	l requests	for a ment	tor:						
☐ Practice Owner Mentor ☐ Recent Graduate Mentor Geographic Location										
NOT	ICE OF CONSENT									
Appl	ication for membership i . Providing a personal e									
Appli	cant's Signature			1	Date					
				Return by email, fax, or mail: Fax to (908) 450-1286 Email to info@njvma.org						

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