

New Jersey Veterinary Medical Association

2017- 2018 Practice Membership Form

Membership Term:

April 1, 2017 – March 31, 2018

Please return this invoice with details and payment by April 30, 2017. Membership not paid by this date may result in the interruption of member benefits.

PRACTICE NAME

WEBSITE

STREET ADDRESS

CITY/STATE/ZIP

COUNTY

PRACTICE PHONE NUMBER

PRACTICE FAX NUMBER

PRIMARY CONTACT NAME

PRIMARY CONTACT EMAIL

DUES RATE - based on number of FT Veterinarians on Staff

	<u>Number of FT Veterinarians on Staff</u>	<u>Dues Rate</u>
<input type="checkbox"/>	1	\$225
<input type="checkbox"/>	2-4	\$585
<input type="checkbox"/>	5-8	\$1,350
<input type="checkbox"/>	9-14	\$2,700
<input type="checkbox"/>	15 or more	\$4,950

Note: A full-time veterinarian is an individual who works for the practice 1,800 hours or more in a year. Full-time equivalent would be two veterinarians each working 900 hours in a year, three veterinarians each working 600 hours in a year, etc.

Individual Veterinarians are welcome to join the NJVMA at the \$225 membership rate.

PRACTICE OWNER INFORMATION

PRACTICE OWNER

INDIVIDUAL EMAIL ADDRESS

PRACTICE OWNER

INDIVIDUAL EMAIL ADDRESS

PRACTICE OWNER

INDIVIDUAL EMAIL ADDRESS

PRACTICE TYPE - check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative Medicine (ALT) | <input type="checkbox"/> Industrial (IND) | <input type="checkbox"/> Research (RES) |
| <input type="checkbox"/> Emergency (EMERG) | <input type="checkbox"/> Laboratory Animal (LAB) | <input type="checkbox"/> Retired (RET) |
| <input type="checkbox"/> Equine (EQ) | <input type="checkbox"/> Large Animal (LA) | <input type="checkbox"/> Small Animal (SA) |
| <input type="checkbox"/> Exotics (EX) | <input type="checkbox"/> Mixed Practice (MP) | <input type="checkbox"/> Small Ruminants (SM RUM) |
| <input type="checkbox"/> Feline (FEL) | <input type="checkbox"/> Mobile (MOB) | <input type="checkbox"/> Teaching (TEACH) |
| <input type="checkbox"/> Government (GOV) | <input type="checkbox"/> Referral (REF) | <input type="checkbox"/> Zoo (ZOO) |
| <input type="checkbox"/> House Calls (HC) | <input type="checkbox"/> Relief (REL) | <input type="checkbox"/> Other _____ |

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New Jersey Veterinary Medical Association

390 Amwell Road, Suite 402, Hillsborough, NJ 08844

t: (908) 281-0918 f: (908) 450-1286

info@njvma.org www.njvma.org

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2017- 2018 Practice Membership Form

PAYMENT INFORMATION

NJVMA Federal Tax ID: 22-6056007

2016 -2017 NJVMA Practice Membership Dues: \$ _____

Voluntary Contributions suggested amount (*per Veterinarian*): PAC: \$30 \$ _____

NJVF: \$30 \$ _____

Total Payment Enclosed \$ _____

CHECK (made payable to NJVMA) Visa MC Amex Discover

CC NUMBER _____ EXP. _____ GRAND TOTAL \$ _____

CARDHOLDER NAME _____ SIGNATURE _____

Contributions or gifts to associations which are exempt under IRS code 501 (c) 6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses. NJVMA estimates that 6% of dues payment represents lobbying activity and is therefore not deductible.

NOTICE OF CONSENT:

Application for membership in the NJVMA constitutes consent for the association to communicate with you via phone, fax, e-mail or mail.

On the pages provided, please include the names of all Veterinarians and lay staff (Office Manager, Technician, etc.) including an email address if the individual wishes to receive NJVMA communications. All team members will receive member discounts for meetings, NJVMA communications, and are eligible for other NJVMA member benefits. Please note that only graduate veterinarians receive voting privileges and are considered eligible to hold office.

*****Practice Membership Applications will not be processed unless completed team member forms are included with the application and payment.***

**Please send completed applications
with dues payment to:**

**New Jersey Veterinary Medical Association
390 Amwell Road, Suite 402
Hillsborough, NJ 08844**

**Or fax to:
908-450-1286**

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2017- 2018 Practice Staff Information

Please copy this page if you require additional space

VETERINARIANS LINKED TO PRACTICE MEMBERSHIP	INCLUDE IN ONLINE PUBLIC SEARCH?
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FULL NAME	VETSCHOOL/GRAD YEAR	DIPLOMATE Y/N - if yes, please specify	EMAIL ADDRESS	Y/N
FULL NAME	VETSCHOOL/GRAD YEAR	DIPLOMATE Y/N - if yes, please specify	EMAIL ADDRESS	Y/N
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FULL NAME	VETSCHOOL/GRAD YEAR	DIPLOMATE Y/N - if yes, please specify	EMAIL ADDRESS	Y/N

KEY LAY STAFF LINKED TO PRACTICE MEMBERSHIP
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**Team members receive member discounts for meetings, NJVMA communications, and are eligible for other NJVMA member benefits.
Please note that only graduate veterinarians receive voting privileges and are considered eligible to hold office.**

FULL NAME	TITLE OR POSITION	EMAIL ADDRESS
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