

# Application for Membership in the South Dakota Veterinary Medical Association

I hereby make application for membership in the SDVMA.

Name: \_\_\_\_\_ Gender \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name (nickname): \_\_\_\_\_

Preferred Address for SDVMA correspondence:  Home  Business  They are the same

Clinic/Hospital/Company: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business Web Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_

CVM School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please indicate type of practice (**check only one**):

<input type="checkbox"/> Mixed Practice	<input type="checkbox"/> Regulatory
<input type="checkbox"/> Large Animal	<input type="checkbox"/> Retired
<input type="checkbox"/> Small Animal	<input type="checkbox"/> Industry
<input type="checkbox"/> Academic	

Special interest: (hunting dogs, birds, dermatology, etc.) \_\_\_\_\_

Board Certifications: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return the form with a check for \$150 to:**

SDVMA  
Box 2175, SDSU  
Brookings, SD 57007-1396