

Application for Membership in the South Dakota Veterinary Medical Association

I hereby make application for membership in the SDVMA.

Name: _____
(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: _____

Home Address: _____

(City) (State) (Zip)

Home Phone: _____

Date of Birth: _____ Gender: ___ Male ___ Female

Spouse's Name (if applicable): _____

Undergraduate School: _____ Graduation Year: _____

CVM School: _____ Graduation Year: _____

SD DVM License Number: _____ Year of DVM Licensing: _____

Are you licensed in other states? ___ Yes ___ No If yes, which states: _____

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

___ Mixed Animal ___ Small Animal ___ Regulatory ___ Retired
___ Large Animal ___ Academic ___ Industry

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