



**APPLICATION FOR STUDENT MEMBERSHIP
VIRGINIA VETERINARY MEDICAL ASSOCIATION**

3801 Westerre Parkway, Suite D, Henrico, VA 23233

804-346-2611

1-800-YES-VVMA

Fax: 804-346-2655

E-mail: vvma@aol.com

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Hometown/State: _____

E-Mail Address: _____

If you have not responded to previous emails or mailings about participating in the mentor program, are you interested?

Yes No (If yes, please make sure you have completed the email section of this form. Thank you.)

PLEASE CHECK EDUCATION INTEREST

Companion Animal Food Animal Equine Mixed Faculty Industrial Government

Other (Please detail) _____

ANTICIPATED YEAR OF GRADUATION: _____ **VETERINARY SCHOOL:** _____

I hereby apply for membership in the Virginia Veterinary Medical Association. I understand that as a student who is enrolled in a school of veterinary medicine recognized by the American Veterinary Medical Association on a full-time basis and who is actively pursuing a Doctor of Veterinary Medicine Degree, upon approval of this application for membership by the Membership Committee and the Board of Directors, I shall become a non-voting student member and pay no dues. Immediately upon graduation, the student may apply for active membership, subject to approval by the Membership Committee and the Board of Directors.

Applicant's Signature

For Office Use Only

Action of Board: _____ Date: _____

Applicant Advised of Action: _____ Mentor Program: _____