

Membership Application*

I hereby make application for membership in the Montana Veterinary Medical Association:

The objectives of the association are to advance the science and art of veterinary medicine including their relationship to public health and agriculture. A member shall retain his/her membership as long as he/she complies with the provisions of the Constitution and Bylaws, as well as the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association.

Name _____

Mailing Address _____
Street or Box City State Zip

Email for Communication _____ Birth date _____
For future Life Membership purposes.

Information for free web listing: ☐ Do not list my email on website ☐ Do not list any of my information on website
Even if you choose not to be listed on our website, please still complete the below information, if applicable, for association records.

Clinic Name _____

Clinic Address _____
Street or Box City State Zip

Phone _____ Email _____ Website _____

I graduated from _____
Veterinary School Month Year

Seeking Membership Status in the Category Checked:

_____ **Active member: \$175:** full benefits of association; must be licensed in Montana. **Provide copy of license.**

_____ **New Graduate Active Member (graduated in 2025): \$0.00;** must be licensed in Montana. **Provide copy of license.**

_____ **Affiliate member: \$85:** veterinarians living out of state; must be member of state association in which you are currently residing. **Provide copy of license.**

_____ **Life member: No Charge -** must be 65 years of age and have been a member of the MVMA for 25 years.

Do you have any board certifications or specialties you would like to list? _____

- ☐ I am interested in applying to serve on the MVMA Executive Board—meets twice annually with the Winter and Summer Meetings.
- ☐ I am interested in being considered for an appointment to the Board of Veterinary Medicine.
- ☐ I am interested in serving on the following MVMA Committee(s) (check all that apply)
- ☐ Membership Services & Association Management (budget, finance, membership, nominations, CE programming, website/publications, eulogy)
 - ☐ Large Animal (Equine, Bovine)
 - ☐ Companion Animal (Diseases, Breeding)
 - ☐ Disaster Preparedness
 - ☐ Practice Management (Veterinary Technicians/Staff, Employee Wellness, Recruitment, Leadership Development, Power of 10)
 - ☐ Policy/Regulatory (Legislative, Animal Welfare, Regulatory, Public Health)

Signature _____ Date _____

Please mail application with payment to: MVMA, PO Box 6322, Helena, MT 59604.

*** Membership applications will be retained until the next MVMA Meeting (Winter Meeting or Summer Meeting), when they will be presented to the full membership for approval at the business meeting. This is a formality to comply with our bylaws, but in the meantime, you receive the full benefits of membership.**

Contributions or gifts to the MVMA are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. MVMA estimates that the non-deductible portion of your dues allocable to lobbying is 15%.