



michigan veterinary medical association

STUDENT AFFILIATE APPLICATION FOR MSU-CVM

✓ Please check your preferred mailing address below: *school* or *residence*. Please print clearly.

NAME

SCHOOL ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

COUNTY E-MAIL

PHONE FAX

PERMANENT RESIDENCE

RESIDENCE STREET ADDRESS

CITY / STATE / ZIP

COUNTY E-MAIL

PHONE FAX

SUPPLEMENTAL INFORMATION

DATE OF BIRTH

DEGREE(S) SOUGHT

ANTICIPATED DATE OF GRADUATION

SPOUSE'S NAME (IF APPLICABLE)

STUDENT LIAISON

YES! I would be interested in becoming a student liaison on the following committee(s). Please see www.michvma.org for committee descriptions.

- ANIMAL WELFARE COMMITTEE
- FOOD ANIMAL PRACTICE COMMITTEE
- MEMBER BENEFITS COMMITTEE
- CONTINUING EDUCATION COMMITTEE
- MEMBERSHIP DEVELOPMENT COMMITTEE
- COMPANION ANIMAL PRACTICE COMMITTEE
- PUBLIC HEALTH COMMITTEE
- EMERGENCY PREPAREDNESS SUBCOMMITTEE
- PUBLIC EDUCATION COMMITTEE

DUES RATES

Special discount for students who join both SCAVMA and MVMA: MVMA dues rate for first- and second-year student affiliate members is only \$45.00 — 10% off the original rate! Membership in the MVMA without SCAVMA membership is \$50 for four years.

- Please find my check enclosed in the amount of \$45 (I'm a SCAVMA member).
- Please find my check enclosed in the amount of \$50.
- Please charge my Visa / MasterCard (*circle one*) for \$45 (I'm a SCAVMA member).
- Please charge my Visa / MasterCard (*circle one*) for \$50.

CARD NUMBER EXP. DATE

PRINT NAME AS IT APPEARS ON CARD

SIGNATURE DATE