

Full Name _____

Professional *Background*

Veterinary School Attended _____ Graduation Year _____

Area(s) of Practice

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Academic/Teaching | <input type="checkbox"/> Exotic | <input type="checkbox"/> Holistic/Integrative | <input type="checkbox"/> Research/Laboratory |
| <input type="checkbox"/> Corporate/Commercial | <input type="checkbox"/> Food Animal | <input type="checkbox"/> Mixed/General | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Government/Military | <input type="checkbox"/> Pet Animal | <input type="checkbox"/> Other _____ |

Contact Information & Communication Preferences

PREFERRED MAILING ADDRESS Home Work

Company/Organization _____

Address _____ County of Residence _____

City _____ State _____ ZIP _____

Phone _____ Email _____

COMMUNICATIONS PREFERENCES

OVMA newsletter

- Postal Mail - and/or - Email

Committee Meeting Notices

- Postal Mail - and/or - Email

MVC Registration Program

- Postal Mail - and/or - Email

Membership Type & Volunteer Activities

Active: \$180
(practicing in Ohio)

New Graduate: \$120
(graduated within last 2 years)

Military: \$60
(uniformed military or civil service)

Affiliate: \$60
(out of state)

Resident/Intern: \$60
(post graduate)

STANDING COMMITTEES

- Finance/Audit Public Ed.
 Legislative Wellbeing

MVC EDUCATION COMMITTEES & VOLUNTEERING

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Behavior | <input type="checkbox"/> Laboratory Animal | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Pet Animal | <input type="checkbox"/> Vet.Exploration Conference |
| <input type="checkbox"/> Food Animal | <input type="checkbox"/> Practice Mgmt & Staff Development | <input type="checkbox"/> Moderating at MVC |
| <input type="checkbox"/> Holistic & Integrative Medicine | <input type="checkbox"/> Public Health | <input type="checkbox"/> Student/DVM networking lunch |
| | <input type="checkbox"/> Shelter Medicine | |

ADVOCACY

- Grassroots Club
 Legislative Day *(annually in April)*

MEMBER & PUBLIC EDUCATION

- Current issues task forces
 Leadership Development Program
 Birthing Center at Ohio State Fair

Payment *Details*

BILLING PREFERENCE

- Pay in Full Enroll in Monthly Payments**

AUTO RENEW?

- Yes** No

**Visit www.ohiovma.org/memberops for details and terms of the monthly payment and auto renewal options.

PAYMENT TYPE

- Visa Mastercard Discover AmEx Check payable to OVMA enclosed Please send an invoice

Card Number _____ Exp. Date _____

Cardholder Name _____ CVV _____

Signature _____ Amount Due: \$ _____

BILLING ADDRESS

If different from above, please provide billing address below, exactly as it appears on your statement.

Address _____

City _____ State _____ ZIP _____

For security purposes, please do not submit credit card information via email.