

Member Name _____

Membership *Type*

- 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)

Contact Information & Communication Preferences

If your contact information changed since your last renewal, please make your updates below. Otherwise, you may skip this section.

PREFERRED MAILING ADDRESS Home Work

Company/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

County of Residence *(if an Ohio resident)* _____

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

Volunteer *Activities*

Please select the activities in which you would like to participate. For more information, visit www.ohiovma.org/getinvolved.

STANDING COMMITTEES

- Finance/Audit
 Legislative
 Public Education
 Wellbeing
 OVMA Board of Directors*
 OAHF Board of Directors*

**Denotes interest in running for a seat on the Board.*

MVC EDUCATION COMMITTEES & VOLUNTEERING

- Animal Behavior
 Equine
 Food Animal
 Holistic & Integrative Medicine
 Laboratory Animal
 Pet Animal
 Practice Management & Staff Development
 Public Health
 Shelter Medicine
 Technician
 Veterinary Exploration Conference
 Moderating at the MVC
 Participating in student/DVM networking lunch

ADVOCACY

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

MEMBER & PUBLIC EDUCATION

- Participating in current issues task forces
 Leadership Development Program
 Volunteering 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.