



Tennessee Veterinary Medical Association

PO Box 803 • Fayetteville, Tennessee 37334

Fax: 931.433-6289 • Phone: 931.438-0070 • www.tvmanet.com

APPLICATION FOR MEMBERSHIP

Name _____ Date of Birth _____

Name of Clinic/Business _____

Preferred Address: _____
Mailing Address

City _____ County _____ State _____ Zip (9-digit if available) _____

Preferred Phone: _____
Office _____ Home _____ Cell _____

E-mail Address _____ Please check your preferred mailing address: Office Home

Veterinary School _____ Year Graduated _____

Professional Activity (please check one):

- | | | | |
|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mixed Practice | <input type="checkbox"/> Academic | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Small Animal | <input type="checkbox"/> Clinician | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Military |
| <input type="checkbox"/> Large Animal | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Veterinary Public Health | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Equine (exclusive) | <input type="checkbox"/> Pathology | <input type="checkbox"/> Regulatory Medicine | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bovine (exclusive) | | | |

Please check the category that best describes you:

- Owner/Partner Associate Academician/Researcher Government Other _____

Allied Member (please check only one):

- Distributor Clinical Business Support Service Pharmaceutical Manufacturing Specialty Item Manufacturer
 Nutritional Products TVMA Membership Service Participating Co. Veterinary Diagnostics

Qualifications For Membership:

- Select the membership category below that best describes your current status in veterinary medicine.
- Complete this application in full and return it to the Executive Director at the above address.
- Agree to uphold the objectives of TVMA and to comply with TVMA Bylaws and the Code of Ethics.
- Agree to pay annual dues per the category selected. The dues year for TVMA is January 1 – December 31 of each year.

Membership Referral Program:

Please list the name and email address of the current member who referred you to be a TVMA member.

Name: _____

Email: _____

Please list the name of any potential member that you would like to refer to become a TVMA member.

Name: _____

Email: _____

- | | |
|---|-------|
| <input type="checkbox"/> Veterinarian (Active) Member | \$255 |
| <input type="checkbox"/> First Year Graduate | 0 |
| <input type="checkbox"/> Veterinarian Spouse | 153 |
| <input type="checkbox"/> Academic | 66 |
| <input type="checkbox"/> Retired | 107 |
| <input type="checkbox"/> Paraprofessional | 26 |
| <input type="checkbox"/> Non-Resident Member | 128 |
| <input type="checkbox"/> Student | 0 |
| <input type="checkbox"/> Allied Member | 128 |

* See description of each member type on back

TVMA

PO Box 803, Fayetteville, TN 37334

Applications paid by credit card may be faxed to 931.433.6289.

Questions? Please call 931.438.0070 or email info@tvmanet.com.

APPLICATION CERTIFICATION

I hereby make application for membership and am paying annual dues of \$_____.

A portion of TVMA dues payments (75%) may be deductible for tax purposes as a business expense. They are not deductible as a charitable contribution.

() Mastercard () Visa () American Express () Discover

Card Number _____

Expiration Date _____ Security Code _____

Print (Name on Card) _____

Signature _____

Address if different above _____

TVMA MEMBERSHIP CATEGORIES

Veterinarian (Active) Member – A veterinarian (Active) member must be a graduate of a veterinary college accredited by the AVMA or be licensed to practice veterinary medicine in the State of Tennessee. The veterinarian must be a resident of Tennessee or engaged in veterinary work within the state. This membership category is eligible to vote and hold elective office.

Non-Resident Member - Non-resident members are those veterinarians who reside and work outside of the State of Tennessee. This membership category is ineligible to vote or hold elective office.

First Year Graduate - A first year graduate member must be a graduate of a veterinary college accredited by the AVMA or be licensed to practice veterinary medicine in the State of Tennessee. The veterinarian must be a resident of Tennessee or engaged in veterinary work within the state. You are eligible for this membership category if you renew or apply for membership in the year immediately following graduation. This category is good for one year and is eligible to vote but is ineligible to hold elective office.

Student Member - Students enrolled in a college of veterinary medicine are eligible for membership in the Association. Student members shall have the privileges of active members, except they shall not be eligible to vote or hold elective office.

Veterinarian Spouse Member - A veterinarian spouse member must meet all the qualifications for veterinarian (Active) membership and be married to another veterinarian who holds Active membership in TVMA. This membership category is eligible to vote and hold office.

Allied Member - A non-veterinarian who works in an allied business that supplies products and services to the veterinary profession is eligible for allied membership. Allied members shall have the privileges of active members, except they shall not be eligible to vote or hold elective office.

Academic Member - A faculty member who is a graduate veterinarian, employed by a Tennessee institution of higher education, and not in private practice is eligible for academic membership. Academic members shall have the privileges of Active members.

Paraprofessional Member - A non-veterinarian who is employed to work in a veterinary hospital, clinic or other veterinary facility is eligible for paraprofessional membership. Paraprofessional members shall have the privileges of active members, except they shall not be eligible to vote or hold elective office.

Life Member - Life membership shall be granted by the Executive Board, upon written application from the prospective life member to the Executive Director, to any Active Member in good standing who has attained the age of sixty-five (65) and who had maintained continuous membership in this Association for thirty-five (35) years or for twenty (20) years or more preceded by active membership in another state veterinary medical association for such a period of time that the total membership tenure shall be thirty-five (35) years. Life Members shall have all the rights and privileges of Active Members but are ineligible to hold elective office.

Retired Member – Retired Membership shall be granted by the Executive Board upon written application from the prospective Retired Member to the Executive Director. Members who have been Active members in good standing in a state veterinary association for more than twenty-five (25) years and who for good and sufficient reasons ceased active practice of veterinary medicine may apply to the Executive Board for classification as Retired Members. Retired members shall have all the rights and privileges of Active members.