



michigan veterinary medical association

*Professional excellence.
Compassionate care.*

STUDENT AFFILIATE APPLICATION FOR MSU-CVM

Please print clearly.

- MALE
 FEMALE
 OTHER

NAME

GENDER

MAILING ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

COUNTY

REQUIRED FOR MVMA COMMUNICATIONS

PREFERRED E-MAIL ADDRESS

- HOME CELL

PHONE

SUPPLEMENTAL INFORMATION

DEGREE(S) SOUGHT

ANTICIPATED YEAR OF GRADUATION

CLASS REPRESENTATIVE

- I am interested in becoming a class representative.

Please send me more information.

STUDENT LIAISON

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

- ANIMAL WELFARE COMMITTEE
 FOOD ANIMAL PRACTICE COMMITTEE
 LEGISLATIVE ADVISORY COMMITTEE
 PUBLIC HEALTH COMMITTEE
 EQUINE PRACTICE COMMITTEE

DUES RATES

Special discount for students who join both SAVMA and MVMA:
 MVMA dues rate for first- and second-year student affiliate members is only \$65! Membership in the MVMA *without* SAVMA membership is \$75 for four years.

- Please find my check, made out to "MVMA," enclosed in the amount of \$65 (I'm a SAVMA member).
 Please find my check, made out to "MVMA," enclosed in the amount of \$75.
 Please charge my Visa / MasterCard / Discover for \$65 (I'm a SAVMA member).
 Please charge my Visa / MasterCard / Discover for \$75.

CARD NUMBER

BILLING ADDRESS IF DIFFERENT THAN MAILING ADDRESS

EXPIRATION DATE

CVV NUMBER*

PRINT NAME AS IT APPEARS ON CARD

SIGNATURE

DATE

*3- or 4-digit number on back of credit card