



**WISCONSIN VETERINARY PRACTICE
MANAGERS ASSOCIATION, INC**
Promoting Excellence in Leadership

WVPMA Membership Renewal/Application Form

WVPMA membership renews January 1st each year. New members may join at any time.

Name: _____ New membership Renewal membership
 Practice: _____ Position: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Clinic website address: _____ Year joined WVPMA: _____

ANNUAL MEMBERSHIP (please check one):

- Active Member \$100.00 per year** **Membership after July 1st \$50.00 for remaining year**
 An Active Member is defined as veterinary practice management personnel who have direct responsibility for the management and day-to-day operation of one or more veterinary hospitals.
- Associate Member \$125.00 per year**
 An Associate Member is an individual whose job does not fit the criteria outlined for an Active Member but who does work in a related field of veterinary medicine.
- Out-of-State Member \$125.00 per year**

In addition to our October Annual Convention we have four meetings each year, February, April, June, & December. Each meeting is an additional \$35.00. Meetings to be paid for at time of registration

PAYMENT OF DUES

- Enclosed is a check in the amount of \$ _____ for my WVPMA membership.
- Paid through Paypal on WVPMA Website, Please Email Copy of Completed Registration Form to [wvpmatreasurer@ gmail.com](mailto:wvpmatreasurer@gmail.com)

I would like to donate to the Josette Svitter Scholarship fund: \$25.00 \$50.00 other \$ _____

WVPMA dues are not deductible as charitable contributions for federal income tax purposes; however, dues may be deducted as business expenses at 100%. WVPMA does not participate in any lobbying activities.

Make check payable to: Wisconsin Veterinary Practice Managers Association (WVPMA)
Send to: Patti McFarland, WVPMA Treasurer
 Wales Animal Clinic
 219 Summit Avenue
 Wales, WI 53183

Date: _____