



WISCONSIN VETERINARY PRACTICE MANAGERS ASSOCIATION, INC

Promoting Excellence in Leadership

**WVPMA Membership
Renewal/Application Form**

Please renew your WVPMA membership by January 1st each year. New members may join at any time. (If you are a new member applying for active membership, please have your employer sign the certification statement below.)

Name: _____ New membership Renewal membership
Practice: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Clinic website address: _____ Year joined WVPMA: _____
How long have you been in your position? _____ Software Used in Practice: _____

Please answer the following questions: Are you a full time practice manager or part time? (circle one) If you are a part time manager, are your duties split between technical or clerical? _____

Type of practice: Small Animal Large Animal/Equine Mixed
(check all that apply) Specialty/Emergency Exotics Wildlife

ANNUAL MEMBERSHIP (please check one):

- Active Member \$75.00 per year** **Renewal after January 1st \$85.00 per 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. **The additional \$10.00 late fee applies to existing members renewing after January 1st.**
- Associate Member \$100.00 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**

*CERTIFICATION STATEMENT (must be completed for Active Member applicants)
I certify that this applicant is directly responsible for the management and day-to-day operations of the veterinary practice listed above. I also certify that the applicant's summary of his/her responsibilities is accurate.

Signature of applicant's employer Please print name Please print title or position

PAYMENT OF DUES

Each meeting is an additional \$20.00. If you would like to prepay for your meetings (at \$20.00 each) you will get one meeting free. We have five meetings each year, not including October convention, so you will pay for four meetings if you prepay.

- Enclosed is a check in the amount of \$75.00 / \$100.00. This is for my annual WVPMA membership only. I will pay for meetings as I attend them.**
- Enclosed is a check in the amount of \$155.00 / \$180.00. This is for my annual WVPMA membership and prepayment for meetings.**
- I would like to donate to the Josette Svitter continuing education fund: \$25.00 \$50.00 other \$_____**

Half-year memberships apply to individuals applying after July 1st. Half year fees for an Active Member is \$50.00, \$75.00 for an Associate Member, and \$100.00 for an Out of State Member. Memberships are not transferable. Missed meetings will not be refunded if pre paid

Make check payable to: Wisconsin Veterinary Practice Managers Association (WVPMA)
Send to: Gail Pipke, Treasurer c/o 11222 West Forest Home Avenue Franklin, WI 53132