



Wisconsin Veterinary Practice

Managers Association, Inc

Promoting Excellence in Leadership

WVPMA MEMBERSHIP RENEWAL/APPLICATION FORM

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

Name: _____ Position: _____

Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Clinic email: _____

Is this a new membership? Yes No

ANNUAL MEMBERSHIP (Includes 2 All Day Education Seminars) – Please check one

- ☐ Active Member - \$175.00/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.
- ☐ Membership after July 1st for the remainder of the year is \$100.00.

PAYMENT OF DUES

- ☐ Enclosed is a check in the amount of \$_____ for my WVPMA membership.
Or
- ☐ Register online at: <http://wvpma.com/wvpma-membership.html>

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.

Please make checks payable to: Wisconsin Veterinary Practice Managers Association (WVPMA)

Send to: Sarah Zurmond WVPMA President Elect

Country Hills Pet Hospital

N4415 Hwy 45, Eden, WI 53019

Date of Application: _____

Date Received: _____