

Veterinary Management Association of Indiana, Inc.

MEMBERSHIP APPLICATION

VMAI membership year runs from January 1 through December 31

MEMBER INFORMATION

Name: _____ Title: _____ Clinic: _____
Telephone: _____ Fax: _____ E-Mail: _____
Business address: _____
City: _____ State: _____ Zip: _____
Website address: _____
Education (degree): _____
Referred by: _____

MEMBERSHIP CATEGORIES

I am applying for membership in the following category:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Individual (Hospital Administrator, Practice Manager, Office Manager) | \$100.00 |
| <input type="checkbox"/> | Hospital (more than one individual from same hospital: up to 2 individuals) | \$175.00 |
| <input type="checkbox"/> | Consultant (no specific hospital affiliation) | \$100.00 |

By signing this application, I hereby attest that my membership classification is correctly stated above.

Signature: _____ Date: _____

PRACTICE TYPE: CHECK ALL THAT APPLY

- | | | | |
|--------------------------|-----------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Small Animals | <input type="checkbox"/> | Emergency Hospital |
| <input type="checkbox"/> | Cats Only | <input type="checkbox"/> | Referral Specialty Practice |
| <input type="checkbox"/> | Horses Only | <input type="checkbox"/> | Mobile Unit/House Calls |
| <input type="checkbox"/> | Horses & Food Animals | <input type="checkbox"/> | Surgical Specialty |
| <input type="checkbox"/> | Avian & Exotics | <input type="checkbox"/> | Industry |
| <input type="checkbox"/> | Consultant | <input type="checkbox"/> | Other: _____ |

METHOD OF PAYMENT

The VMAI can only accept check payments at this time. Please make your check payable to:

The Veterinary Management Association of Indiana, Inc.

6214 Broadway Indianapolis, IN 46220