New Jersey Veterinary Medical Association

2012- 2013 Practice Membership Form

Membership Term:
April 1, 2012 – March 31, 2013

Please return this invoice with details and payment by April 30, 2012. Membership not paid by this date may result in the interruption of member benefits.

PRACTICE NAME _____ WEBSITE _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

COUNTY _____ PRACTICE PHONE NUMBER _____ PRACTICE FAX NUMBER _____

PRIMARY CONTACT NAME _____ PRIMARY CONTACT EMAIL _____

DUES RATE - based on number of FT Veterinarians on Staff

	Number of FT Veterinarians on Staff	Dues Rate
☐	1	$250
☐	2-4	$650
☐	5-8	$1,500
☐	9-14	$3,000
☐	15 or more	$5,500

Note: A full-time veterinarian is an individual who works for the practice 1,800 hours or more in a year. Full-time equivalent would be two veterinarians each working 900 hours in a year, three veterinarians each working 600 hours in a year, etc.

Individual Veterinarians are welcome to join the NJVMA at the $250 membership rate.

PRACTICE OWNER INFORMATION

PRACTICE OWNER _____ INDIVIDUAL EMAIL ADDRESS _____

PRACTICE OWNER _____ INDIVIDUAL EMAIL ADDRESS _____

PRACTICE OWNER _____ INDIVIDUAL EMAIL ADDRESS _____

PRACTICE TYPE - check all that apply

☐	Alternative Medicine	**(ALT)**	☐	Industrial	**(IND)**	☐	Research	**(RES)**
☐	Emergency	**(EMERG)**	☐	Laboratory Animal	**(LAB)**	☐	Retired	**(RET)**
☐	Equine	**(EQ)**	☐	Large Animal	**(LA)**	☐	Small Animal	**(SA)**
☐	Exotics	**(EX)**	☐	Mixed Practice	**(MP)**	☐	Small Ruminants	**(SM RUM)**
☐	Feline	**(FEL)**	☐	Mobile	**(MOB)**	☐	Teaching	**(TEACH)**
☐	Government	**(GOV)**	☐	Referral	**(REF)**	☐	Zoo	**(ZOO)**
☐	House Calls	**(HC)**	☐	Relief	**(REL)**			

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New Jersey Veterinary Medical Association
390 Amwell Road, Suite 402, Hillsborough, NJ 08844
t: (908) 281-0918 • f: (908) 450-1286
info@njvma.org • www.njvma.org

New Jersey Veterinary Medical Association

2012- 2013 Practice Membership Form

PAYMENT INFORMATION	NJVMA Federal Tax ID: 22-3234623

2012 -2013 NJVMA Practice Membership Dues: $_____

Voluntary Contributions suggested amount (***per Veterinarian***): **PAC**: $30 **$_____**

NJVF: $30 **$_____**

Total Payment Enclosed $_____

☐ **CHECK** (made payable to NJVMA) ☐ **Visa** ☐ **MC** ☐ **Amex** ☐ **Discover**

CC NUMBER_____ **EXP.** _____ **GRAND TOTAL $**_____

CARDHOLDER NAME_____**SIGNATURE**_____

Contributions or gifts to associations which are exempt under IRS code 501 (c)(6) are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses. NJVMA estimates that 6% of dues payment represents lobbying activity and is therefore not deductible.

NOTICE OF CONSENT:
Application for membership in the NJVMA constitutes consent for the association to communicate with you via phone, fax, e-mail or mail.

Please send completed application along with your payment to:

New Jersey Veterinary Medical Association
390 Amwell Road, Suite 402
Hillsborough, NJ 08844

Or fax to:
908-450-1286

Please include the names of all Veterinarians and Key Practice Lay Staff (Office Manager, Technician, etc.) on the following page, including an email address if the individual wishes to receive NJVMA communications. All team members will receive member discounts for meetings, NJVMA communications, and are eligible for other NJVMA member benefits. Please note that only graduate veterinarians receive voting privileges and are considered eligible to hold office.

Practice Membership Applications cannot be processed unless completed team member forms are included with the application and payment.

New Jersey Veterinary Medical Association

2012- 2013 Practice Staff Information

Please copy this page if you require additional space

VETERINARIANS LINKED TO PRACTICE MEMBERSHIP				INCLUDE IN ONLINE PUBLIC SEARCH?
FULL NAME	VETSCHOOL/GRAD YEAR	DIPLOMATE Y/N - if yes, please specify	EMAIL ADDRESS	Y/N
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FULL NAME	VETSCHOOL/GRAD YEAR	DIPLOMATE Y/N - if yes, please specify	EMAIL ADDRESS	Y/N

KEY LAY STAFF LINKED TO PRACTICE MEMBERSHIP

Team members receive member discounts for meetings, NJVMA communications, and are eligible for other NJVMA member benefits.
Please note that only graduate veterinarians receive voting privileges and are considered eligible to hold office.

FULL NAME	TITLE OR POSITION	EMAIL ADDRESS
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