

SFVMA Dues Invoice

San Francisco Veterinary Medical Association
P. O. Box 320365
San Francisco, CA 94132-0365

Member dues are \$230/member/year or \$75/dinner

If sending a payment for multiple members, please indicate which individuals are included.

Member names:

Email addresses:

This invoice does not replace the membership application. This form is for payment submissions ONLY.

Each member should complete an individual membership application for 2014 either online (preferable) or by mail/ hard copy.

Thank you for your support.
Cyndi Stiglich, DVM
SFVMA Treasurer
sfvmatreasurer@gmail.com



San Francisco Veterinary Medical Association
PO Box 320365
San Francisco, CA 94132

Membership Application

Name:

Email address:

Cell number:

Home number (optional):

Hospital Name:

Hospital Address:

Hospital Phone number:

Hospital Email:

Send additional copy of the newsletter to hospital email address?

- Yes
- No

Hospital website:

Include link to hospital website?

- Yes
- No

Veterinary School:

Year of graduation/ degree:

CA Veterinary license number:

By applying for membership, I agree to abide by the constitution of the SFVMA and the principles of the Veterinary Medical Ethics of the CVMA and AVMA.

Signature:

Date: