

Veterinary Hospital Managers Association, Inc. MEMBERSHIP APPLICATION

VHMA's membership year runs from January 1 through December 31.

(Applications received after October 1 will include the following membership year.)

Member Information

Name _____ Title _____

Telephone _____ Fax _____ E-Mail _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Web site Address _____

Education Background (Degree) _____

Indicate how you would like to receive your monthly newsletter: Mail E-mail

How did you first learn about our Association? _____

- I wish to receive more information about the CVPM certification program.
- I wish to receive an application packet for the CVPM certification program.
(Be sure to enclose the \$15 application fee.)
- I am interested in becoming an active member of VHMA; let me know how I can participate.

Membership Categories - I am applying for membership in the following category:

- | | |
|--|--|
| <input type="checkbox"/> Individual \$160.00 | <input type="checkbox"/> Student \$90.00 |
| <input type="checkbox"/> Hospital \$260.00 | Specify School _____ |
| <input type="checkbox"/> Consultant \$160.00 | Projected Graduation Date _____ |

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

Signature _____ Date _____

Member Profile - Check all appropriate:

How would you classify yourself:

- Hospital Administrator
- Hospital Manager
- Office Manager
- Consultant
- Industry
- Academic
- Other

Type of Practice:

- Small Animal
- Mixed Animal
- Cats Only
- Horse & Food Animals
- Avian & Exotic Animals
- Laboratory Animals
- Aquatic Animals
- Wildlife/Zoo/
Fur-Bearing Animals
- Emergency Hospital
- Mobile Unit/House Calls
- Surgical Specialty
- Referral Specialty Practice
- Other

Ownership Type:

- Privately Owned (e.g., DVM(s) own practice)
- Corporately Owned
- Cooperatively Owned (e.g., owned by local DVMs)
- Other

Annual Hospital Revenue from last complete tax year:

- Less than \$500,000
- \$500,000 to \$750,000
- \$750,000 to \$1,000,000
- \$1,000,000 to \$5,000,000
- Greater than \$5,000,000

Number of Hospital Administrators: _____

Number of DVMs: _____

Number of Hospital Managers: _____

Number of Non-DVM Staff, Full-Time: _____

Number of Office Managers: _____

Number of Non-DVM Staff, Part-Time: _____

Method of Payment

(U.S. Currency Only) Check VISA MasterCard Discover American Express

Card No. _____ Expiration _____

Card security code _____ Name on card (PRINT) _____

Complete billing address: _____

Signature of cardholder: _____

Mail or fax your completed application along with the appropriate payment to:

Veterinary Hospital Managers Association, Inc.

P.O. Box 2280, Alachua, FL 32616-2280

Phone: 877/599-2707 or 518/433-8911 Fax: 518/320-8575

E-mail: admin@vhma.org Web site: www.vhma.org