

**NORTHERN SAN JOAQUIN  
VETERINARY MEDICAL ASSOCIATION  
NSJVMA  
MEMBERSHIP APPLICATION & RENEWAL**

Primary Practice Interest:    Small    Large    Management    Equine    Exotic

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Your SIGNATURE constitutes acceptance to be bound by the rules of NSJVMA

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

HOSPITAL AFFILIATION \_\_\_\_\_ SPONSOR \_\_\_\_\_

**IF HOSPITAL MEMBERSHIP PLEASE LIST DOCTORS AND RVTS (CE confirmation)**

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\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP CATEGORIES**

Dues paid annually

New & Renewing members welcome to pay at the November Meeting, includes the following year.

**INDIVIDUAL**            Veterinarian \$175 / year            RVT / Staff \$50 / year

**HOSPITAL (INCLUDES ALL STAFF)**    \$250 per veterinarian

Please talk to us about which category might best fit your needs.

**MAKE CHECKS PAYABLE TO:            NSJVMA            PO Box 5257, Modesto CA 95352**