



**Santa Clara Valley Veterinary Medical Association**

## SCVVMA Membership Application

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Practice Affiliation: \_\_\_\_\_

Circle one:    DVM    VMD    RVT    Other

By submitting this application, I attest that I am a California licensed veterinarian or RVT in good standing that practices or lives in Santa Clara County. If I have circled "Other", I attest that I am employed as an assistant or manager of a veterinarian. I agree to abide by the bylaws of the Santa Clara Valley Medical Association (available on our website) and that all of the information provided is true. I understand SCVVMA has the right to perform an online licensure check and other online character vetting of myself.    **INITIAL HERE** \_\_\_\_\_

- Individual Veterinarian Membership - \$225 each
- Individual RVT/Assistant/Manager Membership - \$150 each
- Hospital Membership for up to 5 people - \$600
- Hospital Membership additional members over 5 people - \$150 per person

If submitting a hospital membership, list all members and email addresses on the back of this form. Use your clinic contact information to fill out the above form. Put the clinic name in the memo of your check.

Mail this completed form, along with a check made out to Santa Clara Valley VMA to:

SCVVMA  
PO Box 3452  
Saratoga, CA 95070

Email confirmation will be sent within 1 week of receiving application and payment