



420 Bronte St S, Suite 205 Milton, ON L9T 0H9
 Phone: (905) 875-0756
 Toll Free Phone: (800) 670-1702
 Fax: (905) 875-0958
 Toll Free Fax: (877) 482-5941
 E-mail: info@ovma.org
 Web: www.ovma.org

2011-2012 CLINIC MEMBERSHIP APPLICATION

****For the period September 1, 2011 to Aug 31, 2012****

Date of Application _____

Clinic Name _____

Clinic Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

E-Mail _____ Website _____

Indicate the total* number of veterinarians that work in the clinic, and the number of clinics to be registered below. Please list veterinarians and additional clinics on the other side.

**** If you would like your practice manager to also be an OVMA member, check the box and add their name below. ****

Number of Veterinarians	Fee	HST	Membership Fee
1	\$ 655.00	\$ 85.15	\$740.15
2	\$ 845.00	\$109.85	\$954.85
3	\$1,035.00	\$134.55	\$1,169.55
4	\$1,225.00	\$159.25	\$1,384.25
5	\$1,415.00	\$183.95	\$1,598.95
6	\$1,605.00	\$208.65	\$1813.65
7	\$1,795.00	\$233.35	\$2,028.35
8 or more			Contact OVMA

Number of Additional Clinics	Fee	HST	Additional Membership Fee
0			\$ 0.00
1	\$195.00	\$ 23.25	\$ 220.35
2	\$390.00	\$50.70	\$ 440.70
3	\$585.00	\$76.05	\$ 661.05
4	\$780.00	\$101.40	\$ 881.40

Practice Manager as Member (optional)	\$190.00	\$24.70	\$ 214.70
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* All veterinarians in the practice must be OVMA members; includes owners, partners and associate veterinarians working full or part-time; does not include locums

METHOD OF PAYMENT

*Cheque Enclosed (NO Post-Dated cheques please)

*VISA or Master Card

Card # _____

Expiry Date ____

Name as it appears on Credit Card: _____

Authorizing Signature: _____

Please list the veterinarians working in the clinic.

Remember to contact OVMA should a veterinarian leave or join the clinic during the membership year.

	Last Name	First Name	E-Mail Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			

ADDITIONAL CLINIC

If applying for a clinic membership for a second clinic, please provide the clinic contact information below:

Clinic Name _____

Clinic Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

E-Mail _____ Website _____

Please list the veterinarians working in this clinic.

Remember to contact OVMA should a veterinarian leave or join the clinic during the membership year.

	Last Name	First Name	E-Mail Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Note: If submitting a membership application for more than two clinics, please contact the OVMA office at 1-800-670-1702 or info@ovma.org.