



**ONTARIO
VETERINARY
MEDICAL
ASSOCIATION**

205-420 Bronte St S Milton, ON L9T 0H9
T. 905.875.0756 or 1.800.670.1702 (toll free)
F. 905.875.0958 or 1.877.482.9541 (toll free)
info@ovma.org www.ovma.org

2025-2026 Individual Membership Application

Please enroll me as:

- ☐ A New Member
☐ Renewing My Membership

For the membership year September 1, 2025 to August 31, 2026

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- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Active Member:
DVM, Practice Owner | \$620.00 + \$80.60 HST = \$700.60 |
| <input type="checkbox"/> Active Member:
DVM, Non-Owner | \$500.00 + \$65.00 HST = \$565.00 |
| <input type="checkbox"/> Affiliate Member
(Non-Veterinarians) | \$620.00 + \$80.60 HST = \$700.60 |
| <input type="checkbox"/> Associate Member
(Out of Province Veterinarians) | \$265.00 + \$34.45 HST = \$299.45 |
| <input type="checkbox"/> Graduate Member
(2024 Grads) | \$265.00 + \$34.45 HST = \$299.45 |
| <input type="checkbox"/> Retired Member
(Fully Retired Veterinarians) | \$250.00 + \$32.50 HST = \$282.50 |

HST: 107801037RT0001

PAYMENT OPTION:

- ☐ Cheque Enclosed (post-dated cheques are not accepted and will be returned)
☐ Visa or MasterCard

16 Digit Card# _____

4 Digit Expiry _____ 3 Digit CVV _____ Name on Card _____

Send my mail to the following address: (Please Print)

- ☐ Residence
☐ Business/Clinic (indicate name) _____

Your Name _____

Address _____

City _____ Province _____ Postal Code _____

Email _____

Cell _____ Work * Home (please circle) _____