



## 2023-2024 INDIVIDUAL MEMBERSHIP APPLICATION

Please enroll me as:  A New Member  Renewing My Membership

\*\*\*For the membership year September 1, 2023 to August 31, 2024\*\*\*

| Membership Category   | Fee      | HST     | Membership Fee |
|---|----------|---------|----------------|
| <input type="checkbox"/> Active Member: DVM, Practice Owner               | \$595.00 | \$77.35 | \$672.35       |
| <input type="checkbox"/> Active Member: DVM, Non-Owner                    | \$485.00 | \$63.05 | \$548.05       |
| <input type="checkbox"/> Affiliate Member (Non-Veterinarians)             | \$595.00 | \$77.35 | \$672.35       |
| <input type="checkbox"/> Associate Member (Out of Province Veterinarians) | \$255.00 | \$33.15 | \$288.15       |
| <input type="checkbox"/> Graduate Member (2022 Grads)                     | \$255.00 | \$33.15 | \$288.15       |
| <input type="checkbox"/> Retired Member (Fully Retired Veterinarians)     | \$60.00  | \$7.80  | \$67.80        |
| <b>Total Cost:</b>  |          |         |                |

Payment Option:  Cheque Enclosed (post-dated cheques are not accepted and will be returned)  Visa  Mastercard

16 Digit Card Number: \_\_\_\_\_ 4 Digit Expiry: \_\_\_\_\_ 3 Digit CVV: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Send my mail to the following address:

Send my mail to:  Residence  Business/Clinic (indicate name) \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Work or Home Phone (please circle): \_\_\_\_\_