



Miami Valley Veterinary Medical Association
(937)228-2425 miamivalleyvma.org

2024 RENEWAL & LIFETIME MEMBERSHIP REGISTRATION

Name _____ Today's date _____

Email _____

Would you be interested in serving on an MVVMA Committee or the Board? Yes No

Comments/Suggestions for CE speakers/topics/locations _____

\$170 check or money order payable to MVVMA postmarked *Feb. 15 or before*

\$195 check or money order payable to MVVMA postmarked *after Feb. 15*

FREE - Lifetime members- but please fill in any updates below

**Mail to: MVVMA
P.O. Box 442
Medway, OH 45341**

Questions: Dr. Linda Kohl, Treasurer
miamivalleyvma@gmail.com

Update only information that has changed within the past year.

Clinic/Employer _____

Preferred Mailing Address -Street _____

City/State/Zip Code _____

Address above is Work Home

Phone Numbers* Work _____ FAX _____

Cell _____ Home _____

*Please provide at least one phone number.

2024 MVVMA Dues receipt -keep for your records

Name _____

Date _____

Check Number _____

Amount \$ _____

