

2009 RIVMA Membership/Directory Listing Form

Thank you for your interest in becoming a member of the Rhode Island Veterinary Medical Association. Please download and complete this form. You may fax it back to us at 401-780-0940 or mail it to us at RIVMA, 302 Pearl Street, #108, Providence, RI 02907.

*****NEW INFORMATION IS NEEDED *****

How do you prefer to receive our quarterly newsletter: mail ___ or email ___

How do you wish to be contacted by RIVMA: mail ___ or email ___

Dues is \$150. If you are a new graduate, your first year is FREE

Name:

Clinic/Hospital:

Address:

City, State, Zip:

Phone:

Fax:

Email:

Website:

Are you USDA Accredited? Yes ___ No ___

Are you a Board Certified Specialist? (please list):

Professional interests:

Species treated: please circle all that apply

Avian

Cats

Dogs

Equine

Farm Animals

Marine Life

Reptiles

Small Mammals

Wildlife & Zoo

Relief Veterinarian: Yes ___ No ___

House Call Practice: Yes ___ No ___

Spay Neuter Assistance Program Participant: Yes ___ No ___

Do Not list me in the directory ___

I only wish to have my name and telephone number listed ___

I would like to pay my membership dues by credit card:

Please circle one; VISA MASTERCARD DISCOVER

Amount: _____

Credit card number: _____ Exp. Date _____

Signature _____