

Connecticut Veterinary Medical Association
100 Roscommon Drive, Suite 320
Middletown, CT 06457

Application for Membership

The Connecticut Veterinary Medical Association invites you to apply for membership. Please fill out this form and include the names of two CVMA members who can support your application.

Date _____

I hereby make application for membership in the C.V.M.A.

Please Print Legibly

Name _____
(Degree)

I was graduated from _____
(Name of Veterinary School) (Date)

I am licensed in _____

I am employed by _____

My business address is _____

My home address is _____

My telephone is _____ (office) _____ (home) _____ (fax)

Small ___ Large ___ Mixed ___ Equine ___ Bovine ___ Other ___

Mailings to be sent to (check one) _____ office _____ home

The names of two CVMA members who can certify that by reason of personal acquaintance of other reliable information, consider the above named applicant to be a person of good moral character and reputable business:

Name: _____ Degree: _____

Name: _____ Degree: _____