

Please print clearly.

LGVMA MEMBERSHIP APPLICATION

Referred by: _____ Lesbian & Gay Veterinary Medical Association
 584 Castro St., # 492, San Francisco, CA 94114-2500 USA
 Please check as applicable: Fax: 503-213-8749
 DVM VMD Student Other _____ E-mail: LGVMA@lgvma.org Website: www.lgvma.org

NAME

 First Name Middle Last Name

SPOUSE'S NAME

 First Name Middle Last Name

PREFERRED MAILING ADDRESS

Street address (line 1)

Street address (line 2)

 City State/Province ZIP/Post Code/Country

CONTACT INFORMATION

 Home Phone _____ Fax _____

 Work Phone _____ Ext. _____

 E-mail Address *If you would like your website(s) linked with the LGVMA website, please include address(es) here:*

Personal Website

Clinic Website

INFORMATION FOR MEMBERSHIP DIRECTORY *Please use 3-letter AVMA code for veterinary schools*

 Specialty School Year of Graduation

Please mark the appropriate Membership Category when mailing your dues payment. LGVMA is applying for status as a non-profit organization; membership dues are not deductible. *Please make checks payable to LGVMA.*

- Regular Membership \$35 _____
- Animal Health Technician \$30 _____
- Retired Veterinarian \$30 _____
- Friend of LGVMA \$30 _____
- Organization Sponsor \$100 _____
- Student Member \$5 _____

(Student membership is available to those currently enrolled in an accredited veterinary school or animal health technician program. Student dues are optional, but will help offset the cost of printing and mailing newsletters, directories and other materials.)

Please check for demographic purposes: Male Female

Are you currently a member of the AVMA, Canadian VMA, or SAVMA?
 AVMA CVMA SCAVMA None

Please include me in the Membership Directory, which is confidential and sent only to paid members: Yes No

Please accept my additional donation to the General Fund:
 \$100 \$250 \$500 \$1000 other _____

Please accept my additional donation to the Student Scholarship Fund:
 \$100 \$250 \$500 \$1000 other _____

Please include my name in the list of donors in the LGVMA Newsletter:
 Yes No

May we refer clients to you? Yes No

Signature _____ Date _____