

Carolina Veterinary Managers Association Membership Application

Annual Dues - \$60.00 Individual or \$100 Hospital*
January - December

Name: _____

Title: _____

Practice: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Would you like to be on the CVMA list serve*? YES NO

* Internet based discussion group – requires a private e-mail address

***Hospital Membership** – With the Hospital Membership, there is one primary contact who receives all CVMA correspondence. The Hospital may send up to two individuals to each CVMA meeting. These do not have to be the same individuals each time. If you have questions regarding Hospital Membership please contact a CVMA Officer from the www.carolinaveterinarymanagers.com website.

Please make check payable to Carolina Veterinary Managers Association

Mail to:
Christopher Falanga – CVMA Treasurer
c/o Chatham Animal Hospital
105 Oceana Place
Cary, NC 27513

***Or
bring with you to the next meeting***