



**Wisconsin Veterinary Practice
Managers Association, Inc**
Promoting Excellence in Leadership

WVPMA MEMBERSHIP RENEWAL/APPLICATION FORM

Membership renews January 1st each year. New members may join at any time.

Name: _____ Position: _____

Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Clinic email: _____

Is this a new membership? Yes No

ANNUAL MEMBERSHIP (Includes 2 All Day Education Seminars) – Please check one

- Active Member - \$87.00/year for 2024
An active member is defined as veterinary practice management personnel who have direct responsibility for the management and day-to-day operation of one or more veterinary hospitals.
- Associate Member - \$195.00/year
An associate member is an individual whose job does not fit the criteria outlined for an Active Member, but who does work in a related field of veterinary medicine.
- Membership after July 1st for the remainder of the year is \$100.00.

PAYMENT OF DUES

- Enclosed is a check in the amount of \$_____ for my WVPMA membership.
Or
- Register online at: <http://wvpma.com/wvpma-membership.html>

I would like to donate to the Josette Switter Scholarship Fund: \$25.00_____ \$50.00_____ other \$_____

WVPMA dues are not deductible as charitable contributions for federal income tax purposes. However, dues may be deducted as business expenses at 100%. WVPMA does not participate in any lobbying activities.

Please make checks payable to: Wisconsin Veterinary Practice Managers Association (WVPMA)
Send to: Sarah Zurmond WVPMA President Elect
Country Hills Pet Hospital
N4415 Hwy 45, Eden, WI 53019

Date of Application: _____

Date Received: _____