

Website: www.DallasVMA.org  
Email: DCVMA@DallasVMA.org  
DALLAS COUNTY VETERINARY MEDICAL ASSOCIATION  
P. O. BOX 1213  
Keller, TX 76244

## 2015 MEMBERSHIP DUES INVOICE & DIRECTORY DATA FORM

**Thank you for your interest in joining the DCVMA! Please return this completed form with your dues payment to the address above, or fax to 214/279-0558. If you have any questions, please email us or call this same number. You have the option to pay in advance for 10 CE meeting fees & get 1 month free. THANK YOU!**

Can we FAX Meeting Notices/Etc (dedicated fax line needed) to  Home  Practice  
Can we E-Mail you Meeting Notices/ Etc to  Home  Practice  
Permission to distribute (digital) your contact information to your  
colleagues for marketing purposes?  NO  YES  
Which contact info would you like listed on the Member's Only  
section of the DCVMA website directory?  Home  Practice  
Please send mail to:  Home  Practice

Veterinarian: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Dedicated FAX: (\_\_\_\_) \_\_\_\_\_

Veterinary College: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Website: WWW. \_\_\_\_\_

Practice E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX ZIP: \_\_\_\_\_

Practice Phone: (\_\_\_\_) \_\_\_\_\_ Dedicated FAX: (\_\_\_\_) \_\_\_\_\_

I have enclosed my check payable to DCVMA or please bill my credit card as shown below.

\$100 Annual Membership dues  65 + free

\$370 Dues & CE Meetings fees for 2015  \$270 CE meetings for 65+

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MasterCard, VISA & Discover accepted only

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

Total Charge \_\_\_\_\_ Billing Zip code \_\_\_\_\_ 3 digit code (back of card) \_\_\_\_\_