

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

2017 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. DCVMA CE meetings are free for members. If you have any questions, please email us or call this same number. 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
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

Credit Card No. _____ Exp. Date ____/____/____

MasterCard, VISA, American Express and Discover

Name on Credit Card _____ Signature _____

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