



2021 Membership Registration

Join online anytime at colovma.org/membership/

Name: _____ Title/Degree: _____

Business Name: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Email (required): _____ Phone: _____

Veterinary School: _____ Graduation Year: _____

Step 1 - Select your membership level		Amount	Subtotal
<input type="checkbox"/>	PREMIUM	\$650	
Optional benefits for Premium Members			
<i>Please include a form for each veterinarian or practice manager being included.</i>			
<input type="checkbox"/>	Discounted CORE membership for veterinarians at practice _____ # of veterinarians @ \$355 each (write amount in subtotal column)	\$355	
<input type="checkbox"/>	FREE CORE Membership for non-veterinarian practice manager	\$0	
<input type="checkbox"/>	CORE - SELECT APPROPRIATE DUES AMOUNT BELOW		
<input type="checkbox"/>	CORE - Veterinarian	\$395	
<input type="checkbox"/>	CORE - Recent Graduate (2019 & 2020 graduates)	\$198	
<input type="checkbox"/>	CORE - New Graduate (2021 graduates)	\$0	
<input type="checkbox"/>	CORE - Retired	\$101	
<input type="checkbox"/>	CORE - Affiliate (Non Veterinarian)	\$237	
<input type="checkbox"/>	BASIC	\$299	

MOST POPULAR

Step 2 - Complete your chapter membership - <i>required</i>		Amount	Subtotal
<i>To determine which chapter you belong to and whether there are any chapter dues, please visit tinyurl.com/cvmachapters2021</i>			
<input checked="" type="checkbox"/>	CVMA Chapter # _____		
<input type="checkbox"/>	_____ # of veterinarians @ _____ each (write amount in subtotal column)	\$ _____	



Step 3 - Optional Donations	Amount	Subtotal
<input type="checkbox"/> CVMA Political Action Committee	\$ _____	
<i>The CVMA Board of Directors approved the formation of a Political Action Committee (PAC) to help advance CVMA's public policy initiatives. The CVMA PAC collects campaign contributions from members and uses those pooled resources to help elect candidates to public office who share CVMA's interests and concerns about policy issues. For more information visit colovma.org.</i>		

Membership Dues: \$ _____

Chapter Dues (if applicable): \$ _____

Donations (if applicable): \$ _____

GRAND TOTAL: \$ _____

Step 4 - Payment Information

Payment Options: One-time payment 6 installments (credit card only - card will be automatically charged)

Check enclosed (payable to CVMA)
 Please invoice me for my membership! Note: if you select installments, we will contact you via phone to set up your installment plan.

Email address to send invoice to (if different from front):

Please return completed membership form to CVMA:
MAIL: CVMA, 191 Yuma Street, Denver, CO 80223
FAX: 303.318.0449
EMAIL: info@colovma.org

CVMA memberships are not pro-rated. All memberships expire December 31, 2020.

Tax Information
 CVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except that portion attributable to CVMA lobbying activities, which is estimated to be 6.5%.

Privacy Policy
 By providing your name and address information, you agree that this information may be included in the searchable online member directory and may be used and distributed as provided in CVMA's Privacy Policy, which can be found on CVMA's website at www.colovma.org.