



Florida Association of Veterinary Practice Managers

An affiliate organization of the Florida Veterinary Medical Association
Application for Affiliate Membership



1 APPLICANT INFORMATION – PLEASE TYPE OR PRINT

Name _____ Date of Birth _____
(First) (Middle) (Last) (Maiden, if applicable)

Clinic or Work Name & Address (If Applicable) _____

City, State, Zip _____ Phone _____

Work Email _____ Clinic Website _____

Home Address _____

City, State, Zip _____ Phone _____

Cell _____ Email _____

Preferred Mailing Address Office Home Preferred Email Address Office Home

2 EDUCATION – PLEASE TYPE OR PRINT (Fill out only if you graduated or will soon graduate from a veterinary practice management program)

Name of Veterinary Practice Management School _____

Address _____ City, State, Zip _____

Year Graduated _____ Type of Degree Conferred _____

3 VERIFICATION OF ON-THE-JOB TRAINING – PLEASE HAVE A DVM PRINT NAME AND SIGN (Fill out only if you are on-the-job trained)

I, (Veterinarian Name) _____, DVM, do hereby verify that
(Applicant Name) _____ has worked in the capacity of a
veterinary practice manager.

DVM Signature X _____ Date _____

4 PERSONAL AFFIRMATION – PLEASE TYPE OR PRINT NAME AND SIGN

I, (Applicant Name) _____, affirm that I am the person referred to in
this application for FVMA affiliate membership. To the best of my knowledge, the information contained herein is true. I
further confirm that I have never been convicted of a felony or any other crime involving moral turpitude.

Signature of Applicant X _____ Date _____

5 PLEASE SELECT A PAYMENT METHOD – FEE: \$55

(For two years of Membership – Now through December 2019)

Check enclosed for \$55 (made payable to FVMA)

Charge my credit card \$55 MasterCard VISA Discover AMEX

Name As It Appears on Card: _____

Credit Card Number: _____ Expiration Date: _____/_____/_____

Signature X _____

Congratulations and welcome to the FAVPM, an affiliate organization of the FVMA!

You will receive an email at the address or addresses listed above with a receipt acknowledging your payment. You will start receiving regular correspondences from the FVMA and FAVPM as soon as your payment processes. Please notify us of any changes in your name, address, or place of work so we have your latest contact information.

Any questions, comments, or concerns please call the FVMA at (800) 992-3862 or email info@fvma.org.