



Florida VETERINARY MEDICAL ASSOCIATION



Applications for MEMBERSHIP

Veterinary PRACTICE MANAGERS



Application INFORMATION

Name _____ D.O.B _____

Home Address _____

City, State, Zip _____ Phone _____

Cell _____ Email _____

Clinic or Work Name (If Applicable) _____

Clinic or Work Street Address _____

City, State, Zip _____ Phone _____

Work Email _____ Clinic Website _____

Preferred Mailing Address Office Home Preferred Email Address Work Personal



Education

Fill out only if you have graduated from a veterinary practice management program.

Name of School _____

Address _____ City, State, Zip _____

Year Graduated _____ Type of Degree Conferred _____



Verification of ON-THE-JOB TRAINING

Fill out only if you qualify for membership via on-the-job training received.

I, (Veterinarian Name) _____, DVM, do hereby verify that
(Applicant Name) _____ has worked in the capacity of a veterinary
hospital/practice/clinic manager for at least three years.

DMV Signature X _____ Date _____

7207 Monetary Drive, Orlando, Florida, 32809

Phone: 407-851-3862 | Fax: 407-240-3710 | Email: membership@fvma.org | Website: fvma.org



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Personal AFFIRMATION

I, (Applicant Name) _____, affirm that I am the person referred to in this application for FVMA certification and 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 _____



Payment METHOD

FEE: \$65 Current membership cycle is from 2024-2025. Apply today to get through Dec. 31, 2025.

Check enclosed for \$65 (made payable to FVMA)

Charge my credit card \$65

MasterCard VISA Discover AMEX

Name As It Appears on Card _____

Credit Card Number _____ Expiration Date: _____

Signature X _____

By signing below, I acknowledge that a late fee of \$25 will be charged to any applications submitted after Dec. 31, 2023.

Signature X _____



Congratulation and welcome TO THE FVMA!



You will receive regular correspondence from the FVMA as soon as your payment is processed. Please notify us of any changes in your name, address, or place of work so we have your latest contact information. If you have any questions, comments, or concerns please call the FVMA at 407-851-3862 or email us at membership@fvma.org.

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