Florida VETERINARY MEDICAL ASSOCIATION

VETERINARY PRACTICE MANAGERS

2027 Application for Membership

APPLICATION INFORMATION

Full Name: _____ D.O.B.: _____

Home Address: _____

City, State, Zip: _____ Gender: _____

Cell: _____ Email: _____

Clinic or Work Name (If Applicable): _____

Clinic or Work Street Address: _____

City, State, Zip: _____ Phone: _____

Work Email: _____ Clinic Website: _____

Preferred Mailing Address: ☐ Work ☐ 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 (3) years.

DVM Signature: _____ **Date:** _____

7207 Monetary Drive | Orlando, Florida 32809
Phone: 407-851-3862 | Fax: 407-240-3710 | membership@fvma.org | www.fvma.org

Florida VETERINARY MEDICAL ASSOCIATION

VETERINARY PRACTICE MANAGERS

2027 Application for Membership

PERSONAL AFFIRMATION

I, (Applicant Full 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: _____ **Date:** _____

POLITICAL ACTION COMMITTEE (PAC)

As part of your membership, $20.00 of your membership fees support the PAC, which advocates on behalf of Florida Veterinary Professional's interests. If you prefer not to contribute to the PAC, you can opt-out by checking the box below:

☐ **OPT-OUT:** I do not wish for any part of my membership fees to be used for PAC contributions. Please redirect this portion to the FVMA Foundation, general fund or other non-political activities.

EASY WAYS TO PAY FOR YOUR MEMBERSHIP

Pay by Check

Mail your completed membership form and check payable to FVMA to:

7207 Monetary Dr, Orlando, FL 32809

Online Portal:

Scan the QR code for a step-by-step video walkthrough on how to create a portal account.

☐ Check enclosed for $70 (made payable to the FVMA)

By signing below, I acknowledge that a late fee of $25 will be charged to any applications submitted after Dec. 31, 2026.

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.

To better protect your information, the FVMA can no longer accept membership applications sent by email. Applications may be completed securely through our online member portal by clicking the login on the FVMA website or by mailing your form to the FVMA office.

A processing fee of 3% will be applied to credit card transactions. Processing fees are non-refundable.

FVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for the portion which goes to FVMA lobbying expenses. The FVMA estimates that 6.53% of your 2027 membership dues are allocated to lobbying expenses and therefore nondeductible. Contributions to the Florida Veterinary Medical Association PAC are not deductible for federal income tax purposes.

7207 Monetary Drive | Orlando, Florida 32809

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