



2010 GVMA Hospital Membership Application / Renewal

2814 Spring Road • Suite 217 • Atlanta, GA 30339 • (678) 309-9800 • (678) 309-3361 fax

Hospital Name _____ Website _____

Hospital Address _____

City _____ County _____ ST _____ Zip _____

Phone _____ Fax _____ Email (*required*) _____

Administrative Contact _____

Email (*required*) _____ Phone _____

Practice Type: Small Animal Exotic Food Animal Mixed Equine Poultry Academia Government Industry Relief Other _____

Hospital Membership

ALL veterinarians in the practice must be members; includes owners, partners and associate veterinarians working full or part-time. Indicate the total number of veterinarians that work in the hospital. Please list veterinarians and additional hospitals on the other side.

| Number of Veterinarians | Total Membership Fee* |
|-------------------------------|-----------------------|
| <input type="checkbox"/> 1 | \$400 |
| <input type="checkbox"/> 2 | \$565 |
| <input type="checkbox"/> 3 | \$730 |
| <input type="checkbox"/> 4 | \$895 |
| <input type="checkbox"/> 5 | \$1060 |
| <input type="checkbox"/> 6 | \$1225 |
| <input type="checkbox"/> 7 | \$1390 |
| <input type="checkbox"/> 8 | \$1555 |
| <input type="checkbox"/> 9 | \$1720 |
| <input type="checkbox"/> 10 | \$1885 |
| <input type="checkbox"/> more | contact GVMA |

GVMA dues are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for the portion attributable to GVMA lobbying expenses. GVMA estimates 9% of your dues are attributable to GVMA lobbying and thus nondeductible.

*The membership fee includes a \$25 donation per veterinarian to the GVMA Political Action Committee (PAC), a critical component of GVMA's legislative affairs that contributes to the campaign of candidates for public office who will be supportive of veterinary issues. Voluntary contributions for the PAC are nondeductible. If you do not wish to contribute to the GVMA PAC you may subtract \$25 per veterinarian from the total.

Total Number of Veterinarians: _____ Membership Fee: \$ _____ Total: \$ _____

Total Payment: _____ Check (payable to GVMA) AMEX MasterCard VISA Discover

Card #: _____ Expiration Date: _____ V-Code: _____
(on back of card, except for AMEX code is on the front)

Name on Card: _____ Authorized Signature: _____

Billing Address: _____ City: _____ Zip: _____

On the next page please list all veterinarians working in the hospital. Remember to contact the GVMA office should a veterinarian leave or join the hospital during the membership year. Indicate preferred mailing address for subscriptions to *The Georgia Veterinarian* magazine.

