Name:	Educational Interests (check all that apply):  Companion Animal Faculty Food Animal Equine Government Mixed Industrial Exotic Other
City, State, Zip:	Member Referral Program: Please list the name of the WVVMA officer, member or corporate sponsor that
Personal #:	referred you to join (if applicable):
Email:	
Veterinary / Technician College:	How did you hear about us?Colleague/Fellow StudentCurrent WVVMA memberWVVMA Board MemberVendorOther
Anticipated Graduation Year:	Are you apart of the WVVMA Student Contract Program?YesNo
By signing this form, I recognize that I will be applying for a Student Membership with the West Virginia Veterinary Medical Association. I understand that Student Membership with the WVVMA is reserved for those students currently enrolled on a full-time basis and actively pursuing a Doctor of Veterinary Medicine Degree or a Veterinary Technology Degree. Approval for Student Membership is granted by the WVVMA Board of Directors. Upon approval, I recognize that I shall be a non-voting member and pay no dues to the WVVMA. After graduating, I recognize that I will not be able to maintain a Student Membership status.	
Applicant's Signature:	Date:

The WVVMA encourages you to apply for a free Graduate Membership which is available to you for one year after graduating veterinary / technician school. Following this year, we hope that you will apply for an Active (In-State), Associate (Out of State) or Technician Membership which is available to all licensed veterinarians and technicians.