

Website: www.DallasVMA.org
Email: DCVMA@DallasVMA.org
DALLAS COUNTY VETERINARY MEDICAL ASSOCIATION
P. O. BOX 1213
Keller, TX 76244

2024 MEMBERSHIP DUES INVOICE & DIRECTORY DATA FORM

Thank you for your interest in joining the DCVMA! Please return this completed form with your dues payment to the address above, email or fax to 214/279-0558. DCVMA CE meetings are free for members. Meetings are held the 2nd Tuesday of the month except for July and December. Meeting location is Maggiano's at Northpark Center in Dallas. If you have questions, please email or call this same number. THANK YOU!

Can we E-Mail you Meeting Notices/Etc. to Home Practice

Please send mail to: Home Practice

Veterinarian: _____

Personal E-mail: _____

Home Address: _____

City: _____ State: TX ZIP: _____

Cell Phone: (____) _____

Veterinary College: _____ Graduation Year: _____

Spouse Name: _____

Practice Name: _____

Practice Website: WWW. _____

Practice E-Mail: _____ @ _____

Practice Address: _____

City: _____ State: TX ZIP: _____

Practice Phone: (____) _____ Dedicated FAX: (____) _____

I have enclosed my check payable to DCVMA or please bill my credit card as shown below. **You may also pay online at www.dallasvma.org. Be sure to type your first and last name & "dues" in Invoice box # on the payment page to ensure payment is applied to correct account.**

\$200 DVM Annual Platinum Membership dues (includes In-person and virtual access to DCVMA, TCVMA and CCVMA CE monthly meetings)

\$125 DVM Annual Membership dues (In-person and Virtual access to DCVMA CE monthly meetings)

\$50 DVM 65yr + (In-person and Virtual access to DCVMA CE monthly meetings)

\$75 Staff Annual dues (In-person and Virtual access to DCVMA CE monthly meetings)

Credit Card No. _____ Exp. Date ____/____/____

MasterCard, VISA, Discover and American Express accepted

Name on Credit Card _____ Signature _____

Total Charge _____ Billing Zip code _____ 3 digit code (back of card) _____