2027 YEAR MEMBERSHIP FORM

ONE FORM FOR EACH MEMBER • PLEASE PRINT ALL INFORMATION • MEMBERSHIP IS NON-TRANSFERRABLE • MEMBERSHIP INCLUDES 4 DINNER MEETINGS ON MARCH 17, May 26 (SOCIAL DINNER (@ plus 1), SEPTEMBER 23 & NOVEMBER 18

YES, I will attend the March 17th dinner _____ **NO**, I cannot attend the March 17th dinner_____

Name _____

Email Address (REQUIRED) _____

Hospital / Affiliation _____

Office Phone _____ Cell Phone _____

Preferred Mailing Address_____

City /State / Zip_____

Recent Graduate (after 1/1/22) • $160 Recent Grad • Year Graduated _____

2027 Year Membership Fees: Before 2/5/27: $300; After 2/5/27: $330

Check or Credit Card: Total Amount Submitted / Enclosed _____

Please use online credit card payment process or make checks payable to:

NVVMA • Mail to: **NVVMA • P.O. Box 710477 • Oak Hill, VA 20171**

ONLY INCLUDE CREDIT CARD INFORMATION IF NOT PAYING ONLINE
(VISA • MasterCard • Discover • American Express)

Name on Card _____

Card Number _____

Exp. Date (mm/yy) _____ Security Code (3 digit or 4 digit for AmEx)_____

Billing Address _____

City / State / Zip _____

Return by Email to NorthernVirginiaVetMedAssoc@gmail.com, Fax to 703-742-8745 or Mail to: NVVMA • P.O. Box 710477 • Oak Hill, VA 20171

Questions: Please email NorthernVirginiaVetMedAssoc@gmail.com,

or call / text 703-733-0556