

The Redwood Empire Veterinary Medical Association Annual Membership Form

Membership Period: April 1, 2019 ~ March 31, 2020

Use a separate form for each member

Name: _____

Hospital: _____

Address: _____

Hospital Phone: () _____ Hospital Fax: () _____

Email Address: _____ Website: _____

*****REVMA Newsletters will be emailed only. Please provide your email address. Newsletters will also be available for download on our website.**

- Would you like to be listed on the REVMA Website? **Yes/No**
- Do you wish to be listed on the REVMA website as offering complimentary wellness exams for pets adopted from a local shelter (complimentary wellness exams will be valid for one week after adoption)? **Yes/No**
- Would your hospital be interested in having SRJC RVT students shadow at your hospital? The shadow rotation is 12 weeks on Wednesdays. **Yes/No**

For emergency use only please provide the following information:

Inside Phone: () _____ Home Phone: () _____

Cell: () _____

_____ **Full annual membership: \$350.00** includes all meals and continuing education events at the general meetings (approximately 10 per year)

_____ **“Early Bird” full annual membership: \$325.00** see above (form and check must be received by March 31, 2018).

_____ **Limited annual membership: \$150.00** includes one continuing education meeting with dinner. Additional meetings are \$55.00 each

Annual Membership:	\$ _____	Current amount
Community Contributions:		in funds:
Disaster Fund	\$ _____	\$9,799.56
Pet Loss Support Group	\$ _____	\$-2,538.39
(Annual cost = \$2,600)		
Education Fund	\$ _____	\$1,256.00
Total:	\$ _____	

Please return this form and a check payable to REVMA by March 31, 2019, to:
REVMA, P.O. Box 2330, Rohnert Park, CA 94927

Suggestions are welcome! Please note any CE topics you'd like offered:

For more information, contact Tiffany Rovai, Executive Secretary at 707-544-9193
or email tiffany.rovai@vca.com