



## 2025 Membership Application

Southern Arizona Veterinary Medical Association  
PO Box 65832, Tucson, Arizona 85728 (520) 326-5567  
www.savma.net savmaoffice@gmail.com  
SAVMA is a 501(c)(6) non-profit organization

Dues: \$150 per year by check, cash, Zelle or Paypal through website link or to savmaoffice@gmail.com

Contact SAVMA for special dues rates: ☐ First Time Applicant ☐ First Year Practitioner ☐ Honorary  
☐ New Graduate ☐ Retiree ☐ Returning Member ☐ Life

**Name** (first, mi, last, designations) \_\_\_\_\_

**Mailing Address** (Required for SAVMA correspondence & billing) ☐ Clinic ☐ Alternate

Clinic/Company Name \_\_\_\_\_

Clinic/Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Alternative Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone (circle one: clinic/cell/other) \_\_\_\_\_

Alternate. Phone (circle one: clinic/cell/other) \_\_\_\_\_

Primary Email \_\_\_\_\_

Alt. Email \_\_\_\_\_ Website \_\_\_\_\_

**Practice Area:** ☐ General practitioner ☐ Specialist: Specialty \_\_\_\_\_ Designation(s) \_\_\_\_\_

### Practice

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Practice Owner | <input type="checkbox"/> Research     |
| <input type="checkbox"/> Associate      | <input type="checkbox"/> Relief       |
| <input type="checkbox"/> Relief         | <input type="checkbox"/> Resident     |
| <input type="checkbox"/> Intern         | <input type="checkbox"/> Retired      |
| <input type="checkbox"/> Academia       | <input type="checkbox"/> CVT/Vet Tech |
| <input type="checkbox"/> Mobile         | <input type="checkbox"/> Other _____  |

### Patients

- |                                      |
|--------------------------------------|
| <input type="checkbox"/> Feline      |
| <input type="checkbox"/> Canine      |
| <input type="checkbox"/> Exotics     |
| <input type="checkbox"/> Avian       |
| <input type="checkbox"/> Other _____ |

### Education

Undergraduate School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Vet. Medical School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Year Graduated \_\_\_\_\_

Advanced Certifications \_\_\_\_\_

Arizona License number \_\_\_\_\_ Year licensed \_\_\_\_\_

Other states in which you are licensed \_\_\_\_\_ Year licensed \_\_\_\_\_

Have You Ever Had A License Revoked? ☐ Yes ☐ No By whom? \_\_\_\_\_

Are you seeking relief work? ☐ Yes ☐ No Do you want to be listed on our website relief listing? ☐ Yes ☐ No

How did you hear about SAVMA? \_\_\_\_\_

Would you be interested in presenting at a SAVMA continuing education program? ☐ Yes ☐ No

If so, what topic(s) \_\_\_\_\_

What CE program topics interest you? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_