



# 2024 GVMA Premier Membership Application / Renewal

6050 Peachtree Pkwy, Ste. 240-381, Norcross, GA 30092 • (678) 309-9800 • Fax: (678) 309-3361

Membership will expire Dec. 31<sup>st</sup> 2024.

Please enroll as:  A New Member  Renewing Our Membership

Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Practice Website: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Practice Primary Owner Email (required) \_\_\_\_\_

Administrative Contact \_\_\_\_\_

Admin's Email (required) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Publications

\_\_\_\_\_ number of copies of *The Georgia Veterinarian* magazine

\_\_\_\_\_ number of GVMA Membership decals

### Premier Membership

The price of Premier membership is a \$575 base fee (which covers one veterinarian), additional doctors are \$275 per person.<sup>1, 2</sup> ALL veterinarians in the practice must be members; includes owners, partners and associate veterinarians working full or part-time. Indicate the total number of veterinarians that work in the practice. Please list veterinarians and additional practices on the other side.

### Dues Formula:

Example:	Number of Vets	Total Membership Fee*
	1	\$575
	2	\$850
	3	\$1,125
	4	\$1,400
	5	\$1,675

Additional # of doctors	Base fee (includes 1 doctor)	Total Premier Membership Dues
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( \$275 X \_\_\_\_\_ ) + \$575 = \_\_\_\_\_

1 Base fee includes a \$10 voluntary contribution to increase lobbying efforts on behalf of all Georgia veterinarians in the Georgia General Assembly, through the GVMA Political Action Committee (PAC), a critical component of GVMA's legislative affairs that contributes to the campaign of candidates for public office who will be supportive of veterinary issues. Voluntary contributions for the PAC are nondeductible. Check the following box to exclude PAC from your dues:

2 Base fee includes a \$10 voluntary contribution to the GVMA Foundation to support its mission to showcase the role of the veterinarian to the public by promoting stewardship of animals and their environment, to support public education and awareness of veterinary care, and to provide assistance programs for under-served animals. The GVMA Foundation is a Section 501(c)3 nonprofit and your gift may qualify as a charitable deduction for federal income tax purposes. Consult your tax adviser or the IRS to determine whether your contribution is deductible. If you do not wish to contribute to the GVMA Foundation, check the following box:

Total Number of Veterinarians: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Total Payment: \_\_\_\_\_  Check (payable to GVMA)  AMEX  MasterCard  VISA  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

GVMA dues are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for the portion attributable to GVMA lobbying expenses. GVMA estimates 9% of your dues are attributable to GVMA lobbying and thus are nondeductible.

## 2024 GVMA Premier Membership Application / Renewal

First Name	Last Name	Individual Email (REQUIRED) <small>will become username</small>	Practice Owner / Co-Owner	Position Type (see page 3)	Preferred Mailing Address	Phone number	Veterinary School (if applicable)	DVM Graduation Year (if applicable)	Date of Birth MM/DD/YY
			<input type="checkbox"/> Y <input type="checkbox"/> N						
			<input type="checkbox"/> Y <input type="checkbox"/> N						
			<input type="checkbox"/> Y <input type="checkbox"/> N						
			<input type="checkbox"/> Y <input type="checkbox"/> N						
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			<input type="checkbox"/> Y <input type="checkbox"/> N						
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			<input type="checkbox"/> Y <input type="checkbox"/> N						
			<input type="checkbox"/> Y <input type="checkbox"/> N						

Please note and cross out doctors that are no longer at your practice and duplicate this page if more rows are needed.  
 Please also list practice managers, technicians, and additional staff you would like to receive benefits under your hospital membership.

**Use \* to indicate the billing contact.**

Remember to contact the GVMA office should a veterinarian leave or join the hospital during your membership year.

Please provide us with additional information for each of your doctors so that we may enhance their membership experience.

Doctor Name: \_\_\_\_\_

**Position Type** - For use on Page 2

- Associate Veterinarian
- Academia
- Government
- Practice Manager
- Practice Owner/Co-owner
- Practice Staff
- Relief Vet
- Research
- Retired\*\*
- RVT/LVT
- Veterinary Assistant

**Primary Employment Type** - check all that apply

- Academia
- Emergency/Critical Care Medicine
- General Medicine
- Government
- Humane Organization
- Mobile
- Referral/Specialty Medicine
- Relief
- Research/Lab Animal
- Shelter Medicine

**Species Categories** - check all that apply

- Amphibian/Reptile
- Aquatic Animal
- Avian (non-poultry)
- Bovine
- Camelid
- Canine
- Cervid
- Equine
- Exotics
- Feline
- Ovine/Caprine
- Porcine
- Poultry
- Small Ruminants

**Primary Medical Discipline** - check all that apply

- Acupuncture
- Anesthesiology
- Animal Behavior
- Animal Welfare
- Cardiology
- Dentistry
- Dermatology
- Emergency/Critical Care
- Endocrinology
- Epidemiology
- Equine
- Exotics
- Food Animal
- Holistic Medicine
- Human-Animal Bond
- Internal Medicine
- Laboratory Animal Medicine
- Manipulation/Rehabilitation
- Neurology
- Nutrition
- Oncology
- Ophthalmology
- Orthopedics
- Parasitology
- Pathology
- Poultry Medicine
- Pharmacology
- Physiology
- Preventative Medicine
- Public Health
- Radiology
- Rehabilitation
- Research
- Shelter Medicine
- Small Animal
- Small Ruminants
- Stem Cell Therapy
- Surgery
- Theriogenology
- Toxicology
- Virology

BOARD CERTIFICATIONS: \_\_\_\_\_

Sign in to your GVMA membership online for further enhancement of your practice or Doctor members' GVMA profile.