

New Member

2025 Membership Form

Lifetime Member

your name and email add	iress). II you a	are unsure, please fill out the form.
MEMBER INFORMATION	My inform	nation is the same as last year!
irst Name	Last Name	
Business Name		
Business Address		
City	Sta	ite Zip Code
Home Address		
City	Sta	ate Zip Code
Home Phone		
Email (required)		
I opt out of email communication from sp	oonsors	
Veterinary School Attended		Year Graduated
Mail to your BUSINESS ac	ddress nents, please in and to lower pr	please indicate your preferred address: Mail to your HOME address Indicate your preference of communication: inting cost, please consider email only Email ONLY (no posted mail)
Description	Total	Please mail completed form to:
2025 CVMA Membership Dues	*\$175.00	Corrine Dates
*If paid before January 31, 2025, membership dues are \$150.00.		7722 Moss Court Cincinnati, OH 45236 <i>Or renew online at CincyVMA.com!</i>

Renewing Member

Thank you for the support of our 2025 Platinum Sponsors!







a social event? Reach out to Corrine Dates!

