



MEMBERSHIP INVITATION TO JOIN THE
**SOUTHEASTERN MICHIGAN VETERINARY
MEDICAL ASSOCIATION**

P.O. BOX 4030, SOUTHFIELD, MI 48307

ADMINSEMVMA@SEMVMA.COM

PHONE (248) 651-6332

FAX (248) 651-6333

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Hospital Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Preferred Mailing Address (choose one): Home _____ Office _____

Board Certification: _____

Date of Birth: _____ State License Number: _____

College: _____ Year of Graduation: _____

Married: Yes _____ No _____ Spouses Name: _____

I certify that the above facts as stated are true, and that I agree to follow the rules and regulations of this organization as set forth in the constitution and by-laws if I am accepted for membership.

Applicant's Signature: _____ Date: _____

Name of Sponsor 1: _____ Signature: _____

Name of Sponsor 2: _____ Signature: _____

Total Dues through June, 2024- \$160.00

If you would like to join the SEMVMA but do not have a sponsor,
Please contact the office