



RECENT GRADUATE MEMBERSHIP INVITATION TO JOIN THE SOUTHEASTERN MICHIGAN VETERINARY MEDICAL ASSOCIATION

P.O. Box 4030 - Southfield, MI 48037

Phone 248-651-6332

www.semvma.com

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ e-mail: _____

If your future address is unknown, please give us a permanent or go to address:

Additional address: _____

City: _____ State: _____ Zip Code: _____

College of Veterinary Medicine: _____

Year of Graduation: _____ License # _____

(2024 graduates will receive their **first year of membership free** of charge a \$160.00 value)

Date of Birth: _____ Where would you like your mail sent Home/Office

Married: Yes _____ No _____ Spouse's Name: _____

If you have already accepted employment, please list the hospital name and location:

Hospital Name, Address & Phone Number:

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

-Your membership will run from July 1, 2024 through June 30, 2025-