



HAWAII VETERINARY MEDICAL ASSOCIATION
P.O. Box 61309, Honolulu, Hawaii 96839-1309

MEMBERSHIP DUES RENEWAL

Name: _____

Preferred Contact Address: _____

Phone: () _____ Email: _____

Clinic Name and Address: _____

Check here if you do NOT wish to be contacted by email for events and notices

Hawaii Veterinary License Number: _____

Please indicate membership type (for more information on membership levels, see <https://hawaiiivetmed.org/new-member-registration/>)

Full (Active) member	\$150
Affiliate member	\$ 50
Retired member	\$ 30
Student member	\$ 25
New graduate member (graduated in 2019)	\$ 0
Recent graduate member (graduated in 2018)	\$ 50
Active duty military member	\$ 0

Membership dues \$ _____ + \$25 mail-in processing fee = Total \$ _____

Check # _____

Mail to: Hawaii Veterinary Medical Association
P.O. Box 61309
Honolulu HI 96839-1309

RENEW ONLINE at <https://hawaiiivetmed.org/my-membership/>