



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

2020 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/>)

- | | |
|---|-------|
| <input type="checkbox"/> Full (Active) member | \$150 |
| <input type="checkbox"/> Affiliate member | \$ 50 |
| <input type="checkbox"/> Retired member | \$ 30 |
| <input type="checkbox"/> Student member | \$ 25 |
| <input type="checkbox"/> New graduate member (graduated in 2020) | \$ 0 |
| <input type="checkbox"/> Recent graduate member (graduated in 2019) | \$ 50 |
| <input type="checkbox"/> 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/>