



Colorado Veterinary
Medical Association

CVMA Student Member

CSU-CVMBS PVM COMPLIMENTARY STUDENT MEMBERSHIP

Please complete this form and return to CVMA or complete online at www.colovma.org

Personal and Professional Data *(please print legibly)*

Name _____ Male Female

Mailing address _____

City/ State/ Zip _____

Home phone _____ Cell Phone _____

Primary e-mail _____

Publish contact information including phone and e-mail in the DVM directory? Yes No

Spouse/Significant other _____

Expected Year of graduation _____ Veterinary school _____

Permission to receive communications by e-mail

By signing below, I agree to receive notices, announcements, brochures, reminders, advertising, and other information from, without limitation, the Colorado Veterinary Medical Association, the Colorado Academy of Veterinary Practice, the Denver Area Veterinary Medical Association, the Colorado Veterinary Medical Foundation, and all other related entities, at the following e-mail: _____

This permission shall remain in effect until I cancel it in writing with notice to the Colorado Veterinary Medical Association.

Signature: _____ Date: _____

CVMA membership is free to PVM veterinary students (\$1,200 value)

Full membership benefits annually except the right to vote or hold office.

Health Insurance

Health insurance coverage offered through the association is made available to all members regardless of any health status-related factor relating to an individual (or individuals eligible for coverage through a member employer).

Health insurance coverage offered through the association is available only to members.

Contact CVMA:

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www.colovma.org