



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](http://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 (\$1,300 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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Denver, Colorado 80223  
303.318.0447 800.228.5429  
[info@colovma.org](mailto:info@colovma.org)  
[www.colovma.org](http://www.colovma.org)