



**NORTH CAROLINA ASSOCIATION OF MINORITY VETERINARIANS
Membership Form**

January 1, 2016 – December 31, 2016
(Please fill out completely and print clearly)

Name: -

Address (home):

Business Address:

Telephone (include area code): (home): _____

(cell): _____

(work): _____

Email Address/ Website: _____

College Attended: _____ **Year Graduated:** _____

Specialty Area: _____ **Committee Interest in NCAMV:** _____

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Annual Dues: \$100.00

Recent Graduates (< 3 years): \$ 50.00

Associate Members: \$ 50.00

Donation to Scholarship: \$ _____

**Make checks payable to: North Carolina
Association of Minority Veterinarians**

Total Enclosed: \$ _____