



Northeast Indiana Veterinary Medical Association Membership Application

Website: www.NEIVMA.org

Name _____
Spouse's Name _____

Preferred Mailing Address
Home Clinic
(Circle one)

Home Address

Clinic Name and Address

Home Phone _____
Is your number unlisted yes no
(Circle one)

Clinic Phone _____
Fax Phone _____

Cell Phone _____

Practice Type _____
Small animal, Large animal, Mixed, etc..

Vet School _____
Graduation Year _____

Species Proficiencies _____
i.e. Avian, Exotics, etc.

Indiana Veterinary License No. _____

Areas of Proficiency or Special Interests
i.e. Orthopedics, Cardiology, Endoscopy etc.

Board Certifications _____

Other Degrees _____

E-mail 1 _____
E-mail 2 _____

Website _____

Applicant's Signature: _____

Date: _____

Annual Membership fee is \$ 100.00

Make Check payable to: NEIVMA

Mail Completed form and check to:

Dr. Scott Taylor
522 Professional Way
Kendallville, IN 46755