## SANTA BARBARA-VENTURA VETERINARY MEDICAL ASSOCIATION

Return to: Dr. Jeffrey Saur 587 N Ventu Park Rd #E PMB 904 Newbury Park, CA 91320 Or <u>sbvvmabod@gmail.com</u> Or fax: 805-498-5003

## APPLICATION FOR MEMBERSHIP

Name			
Practice name			
Practice address			
City, State, Zip			
Practice phone #		Practice fax #	
Please note: Your practice inf	formation will be listed on the association's webs	site in the public section	

**E-mail address** (Necessary to access website)

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Licensed in California?	Yes []	No [ ]	California License # required:
Member of CVMA?	Yes []	No [ ]	
Member of AVMA?	Yes []	No [ ]	

List other state veterinary licenses:

Graduate of:

Year:

Type of Veterinary Practice	
Board Certification	
Areas of interest	

Has a Veterinary license, for any reason, been denied you in any state, for any length of time? Yes / No

If yes, please explain:

Please note: Your home address will be listed in the association's website in the "member's only" section only if you elect OK to list my						
]						
e: [ ]						
O.K. to list phone number in "member's	Yes [ ] No [ ]					
	] :[]					

Signature of applicant

Sponsor's signature (Current SBVVMA member - required)

Date

Sponsor's name, printed

2<sup>nd</sup> Sponsor's signature (Current SBVVMA member – required)

Date of acceptance by membership

Sponsor's name, printed