



ENROLLMENT FORM

Name: _____

Primary Telephone Contact:

Line: _____ Cell: _____ Fax: _____

Secondary Telephone Contact:

Line: _____ Cell: _____ Fax: _____

Clinic Name: _____

Clinic Address: _____

City/State/Zip _____

Clinic Phone: _____ Fax: _____

Email Address _____

Home Address: _____

City/State/Zip _____

Please check one:

Veterinarian Registered Veterinary Technician Veterinary Assistant Veterinary Student

Other _____

Veterinary License No: _____ RVT License No. _____

County _____ MVMA District _____

How did you learn about the Corps? _____

Do you have internet capabilities? Yes No

Type of connection? 56k standard dial-up High speed (DSL, cable, T3, high-speed dial-up)

Signature _____ Date _____

Once registered with the Missouri Volunteer Veterinary Corps, you will receive an information packet and statement of objectives. For additional information about the Corps, go to: www.mvma.us. Click on "Veterinarians" tab, then click on "Missouri Veterinary Volunteer Corps" in left column.

Please mail or fax this form to:

Missouri Veterinary Medical Association, 2500 Country Club Drive, Jefferson City, MO 65109. Fax: 573-659-7175