

**Long Island Veterinary
Medical Association**

*****Corporate Supporter Application***
\$225.00 Annually**

Mail to: LIVMA, c/o SueMedia 115 Dikeman Street, Hempstead, NY 11550

State License NO. (LVT Only) _____ Date of Application _____

Name (Please print or type) _____
(First) (Middle) (Last)

Name of Hospital or Clinic _____

Business Address _____
(Street)

(City) (State) (Zip) (County)

Business Phone _____ Business Fax _____

E-mail _____

Name of Spouse _____
(First) (Middle) (Last)

Residence Address _____
(Street)

(City) (State) (Zip) (County)

Home Phone _____

Date of Birth _____ Sex(M/F) _____

College _____ Year of Graduation _____

For Regional Use: Type of Membership -- Active ___ Associate/Honorary ___
Date Passed Ethics: _____ Date Passed Exec. Board _____
Signature Membership Chair: _____