

Allied

Membership Application 2021-2022



Membership Application

The undersigned organization hereby applies for membership in the United Veterinary Services Association (UVSA) a Missouri not-for-profit corporation. The undersigned organization agrees to abide by the bylaws of the association and all rules, regulations and policies as may be established by its board of directors.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ E-mail: _____

Date Founded: _____

The information contained in this application will be used to determine the applicant's qualifications for membership in accordance with UVSA bylaws. The entire application must be completed to be considered for membership.

Allied Members consist of nonprofit organizations with a mission or function serving the veterinary channel. Applicants must submit proof of non-profit status along with this application and payment.

A. What is your organization's principal activity and mission? _____

B. How did you first learn about UVSA? _____

C. What does your organization expect to gain from your UVSA membership? _____

D. What other Associations does your organization belong to? _____

E. What Industry Events has your organization participated in during the past 5 years? _____

Note: The Applicant agrees to abide by the Bylaws and all other guidelines approved and adopted by the Board of Directors and/or membership. The Applicant further understands and agrees that these documents may be amended or revoked at any time.

G. Our Key and Alternate representatives will be:

Key (name/title): _____

Phone: _____ E-mail: _____

Address (if different from above): _____

Alternate (name/title): _____

Phone: _____ E-mail: _____

Address (if different from above): _____

Please additional names/ email addresses to receive benefits and communications from UVSA:

The organization hereby consents to all methods of communications from UVSA to the organization, to the above representatives, and to any other persons associated with the organization, via US mail, email, phone, text, fax, or otherwise, including communications regarding UVSA programs and other offerings. UVSA also may include the organization and its representatives, and their contact information, in a directory or other database of similar information that is made available to UVSA members and other interested persons.

Payment must accompany application. Payment may be made by checks to UVSA drawn on U.S. banks, wire transfers, or VISA, MasterCard, AMEX, all in U.S. dollars. While **dues should be deductible as an ordinary and necessary business expense, they are not deductible as a charitable contribution for federal income tax purposes.**

Allied Rate: - \$1250.00 USD per year (June 1-May 31)

Total Enclosed: \$ _____

Please attach a copy of your IRS Determination Letter verifying that you are a tax-exempt organization.

Check Enclosed. Check must be in U.S. Funds

Credit Card # _____ CVV: _____ Expiration Date: _____

Signature _____

I certify that the information contained herein is accurate and complete. We will furnish additional information upon request.

If our membership in **UVSA** is terminated or forfeited for any reason, we hereby agree to discontinue all use of the association name, emblem and any other reference which would in any way imply that in the conduct of our business, we have any relationship whatsoever with the association.

Dated this _____ day of _____, _____

Signature

Print Name

Title

Please return completed application to: United Veterinary Services Association (UVSA)

3465 Box Hill Corporate Center Dr., Ste H, Abingdon, MD 21009 Phone: 443-640-1040 Fax: 410-569-3340

E-Mail: casey@kingmgmt.org

Membership in UVSA does not become effective unless and until this application is formally approved by UVSA.