# Active

**Membership Application 2025-2026**

UVSA
UNITED VETERINARY SERVICES ASSOCIATION
*The Pulse of the Industry*

## Membership Application

The undersigned company hereby applies for membership in the United Veterinary Services Association (UVSA) a Missouri not-for-profit corporation. The undersigned company agrees to abide by the bylaws of the association and all rules, regulations and policies as may be established by its board of directors. *The Applicant further understands and agrees that these documents may be amended or revoked at any time.*

Company: _____

Address: _____

City:_____ State: _____ Zip: _____

Phone: _____Fax:_____

Website: _____ E-mail:_____

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.

**Active Members consist of commercial entities, including companies, firms, and partnerships, as well as separate and distinct divisions, departments, and lines of business of such entities. Active Members must have been in business for at least two (2) years prior to application. There are three categories of Active Members: Distributor, Manufacturer, and Supplier.**

**(a) Distributor**: any commercial entity primarily engaged in the distribution of animal health related products.
**(b) Manufacturer:** any commercial entity primarily engaged in the manufacture of animal health related products.
**(c) Supplier:** any commercial entity primarily engaged in the supplying of animal health related goods or services to entities qualifying as Distributors or Manufacturers or primarily engaged in the supplying of goods and services to veterinarians.

A. Is your company a: ☐ Distributor ☐ Manufacturer ☐ Supplier

B. Is your company publicly held or privately held? ☐ public ☐ private

C. What is your company's principal activity or business? _____

_____

D. How did you first learn about UVSA? _____

E. What does your company expect to gain from your UVSA membership? _____

_____

F. What Industry Events has your company participated in during the past 5 years?

_____

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:

_____

_____

H. **Membership Requirements –**To be eligible for membership, applicants shall initial the blank space provided certifying that you have read, understand, and are, and will remain, in compliance with each of the following requirements. Failure to complete all information will result in a processing delay. **Initial each below.**

_____ 1. No Active Member, or any of its senior officers, shall, within the past 3 years: (a) have been convicted of, or plead guilty or no contest to, a criminal violation constituting a felony involving moral turpitude that was not reversed or dismissed on appeal; or (b) have been disbarred, disqualified, or suspended by a governmental entity from some type of business activity in animal health due to misconduct demonstrating a lack of business integrity or business honesty. A "senior officer" includes a person in the CEO, COO, CFO, President, Chairman, or equivalent position.

_____ 2. The company hereby consents to all methods of communications from UVSA to the company, to the Above representatives, and to any other persons associated with the company, via US mail, email, phone, text, fax, or otherwise, including communications regarding UVSA programs and other offerings. UVSA also may include the company and company 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.

_____ 3. The company has been in business for at least two (2) years.
If the company has not been in business for at least two (2) years but is largely continuing some or all of the business of one or more other companies that have existed for more than two years, such as in the event of a merger, or a sale or spinoff a division, the company may request a waiver from UVSA of this requirement. **Number of years in business: _____**

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.**

**Active Rate:** - $4000 membership dues per year (June 1-May 31)

**Total Due: $ 4000**

☐ 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)**
1300 Piccard Drive, Suite LL-14, Rockville, MD 20850 P: 301-329-6850 F: 301-990-9971 E : uvsainfo@msp-amc.com

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