

## Treasure Coast Veterinary Medical Association

### Membership Rules and Regulations 2019-2020

**I. *Membership dues for 2019-2020 is \$50.00 per veterinarian.***

Make checks payable to: Treasure Coast Veterinary Medical Association and mail with a completed registration form to:

TCVMA

c/o Animal Emergency and Referral Center

3984 S. US Highway 1, Fort Pierce, FL 34982.

II. Veterinarians, visiting or new to the area, with or without interest in membership, may attend one Wednesday dinner meeting and pay for dinner at the meeting at the guest price of \$55.00.

III. Non-veterinarian guests, including family, staff members such as technicians, receptionists, managers, etc., must pay \$55.00 at the door to attend a Wednesday dinner meeting.

IV. There will be a free annual membership for the current officers, including President, Vice President, Treasurer, and Secretary. Membership terms extend from the beginning of September through August of the following year. The current TCVMA President may bring (without charge, to each dinner meeting) up to three staff members to assist with checking in, dinner, speaker assistance, etc. Speakers are also provided with a free membership for the season.

V. There will be no prorating for partial year membership.

VI. Staff personnel from hospitals where a veterinarian is a paid TCVMA member, or a TCVMA officer, are eligible to attend technician meeting events, but must follow the protocol in paragraph III when attending a TCVMA Wednesday dinner meeting.

VII. The Pelican Yacht Club, while pleased to host our association, has asked us to abide by their dress code for the "Indian River Room." For men, acceptable attire includes dress pants, polo shirts, dress shirts, etc. You are not required to wear a jacket. For women, acceptable attire includes dress slacks, dress tops, suits, and dresses. Tank tops, T-shirts, and cut-offs will not be allowed into the clubhouse. PLEASE DO NOT WEAR SCRUBS!!

# TCVMA MEMBERSHIP FORM

## 2019-2020 Season

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Check here if you would like to receive a text reminder in advance about the TCVMA meeting.

Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How can we find you on Social Media (Facebook, Instagram, Snapchat, etc)?

\_\_\_\_\_

License #: \_\_\_\_\_

\_\_\_\_\_

Member Signature

By signing this, the TCVMA Member agrees that the TCVMA may provide our generous sponsors with TCVMA Member business contact information.