



## Application for CVMA Lifetime Membership Category

The CVMA lifetime membership is to recognize a member with a complimentary membership for the many years of support to the CVMA. This form must be completed and submitted to CVMA for consideration, along with the Membership Renewal/Application form.

### Criteria (all must apply to be eligible)

- I have a CVMA membership in good standing of at least 35+ years, as declared and signed below.
- I am fully retired from veterinary practice, as declared and signed below.
- I am 65 years old or older at the time of this application. My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY).

### Benefits

- ✓ No yearly membership dues.
- ✓ All regular benefits of membership except the right to hold office, the right to vote and the receipt of a free paper version of a CVJ/CJVR Journal (however, free access to the on-line CVMA Journals is granted).
- ✓ Special discount on CVMA Convention registration.

### Declaration

I acknowledge that the information contained in this application is true and accurate. I acknowledge that I have met all criteria above to be eligible for the Lifetime Membership category. I understand that this membership approval is at the discretion of the CVMA.

Member Full Name (Please print): \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PLEASE SUBMIT COMPLETED FORM TO:

**Canadian Veterinary Medical Association**  
Attn: Membership Services  
Mail: 339 Booth St., Ottawa (Ontario) K1R 7K1  
E-mail: [admin@cvma-acmv.org](mailto:admin@cvma-acmv.org)  
Fax: (613) 236-9681

#### CVMA OFFICE USE ONLY

Application received date: \_\_\_\_\_

Membership year : \_\_\_\_\_

Approved       Denied

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_