

Active

Membership Application 2019-2020



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.

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. 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

A. Is your company a: Distributor Manufacturer Supplier ?

B. Is your company publically held or privately held? public private

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

D. How long has your company been in business? _____

E. How did you first learn about UVSA? _____

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

G. What other Associations does your company belong to?

H. What Industry Events has your company 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.

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I. 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 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.

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: - \$3500.00 USD per year (June 1-May 31)

Total Enclosed: \$ _____

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.