

NEBRASKA VETERINARY MEDICAL ASSOCIATION

2727 WEST 2ND STREET, SUITE 227, HASTINGS, NEBRASKA 68901

402-463-4704 FAX 402-463-4705

STUDENT MEMBERSHIP APPLICATION

NAME _____

PRESENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL ADDRESS _____

VETERINARY SCHOOL _____

YEAR IN SCHOOL _____ EXPECT TO GRADUATE _____
month year

NEBRASKA HOME ADDRESS _____

I understand that student membership terminates upon graduation and that I will become eligible for active membership upon licensure and entry into ethical practice in the state of Nebraska.

Applicant's Signature

Date