



VHA Membership Rates 2018

Clinic Name: _____

First Clinic location	1	@ \$150 =	\$150
Additional clinic delivery locations	_____	@ \$100 =	_____
(Please attach listing of additional commonly owned clinics)			
Total Amount to be paid to VHA			= \$ _____
Dues may be paid by check or credit card			

Maximum dues for one commonly owned clinic group is \$1,000

Veterinarians on staff: (indicate full time or Part time) FT = 32 or more hours per week.

_____	FT / PT	email address _____
_____	FT / PT	email address _____
_____	FT / PT	email address _____
_____	FT / PT	email address _____
_____	FT / PT	email address _____
_____	FT / PT	email address _____

Please return this form along with your payment.

If you have any questions regarding this form, please contact Andrea at 651-287-3344 or email her at athorne@veterinaryha.org.