

PRINCE EDWARD ISLAND VETERINARY MEDICAL ASSOCIATION
MEMBERSHIP/LICENSE RENEWAL DECLARATION
OCTOBER 1, 2016 TO SEPTEMBER 30, 2017

RENEWAL FOR: LICENSED MEMBERSHIP ; REGULAR (nonlicensed) MEMBERSHIP
LICENSE TYPE: GENERAL ; LIMITED ; ACADEMIC ; EDUCATIONAL

Name: PEIVMA Member/License Number:

Mailing Address: Home:

City: Prov: Postal Code:

Your Date of Birth: Place of Birth:

Citizenship: Last 4 digits of your S.I.N. or SSN:

The practice of veterinary medicine must take place in an Approved Practice Facility. Provide the name and address of the Facility with which you are associated:

Name of Approved Facility

City:

EMAIL ADDRESS:
(Please print your email address. Our correspondence with members is now directed through email)

Veterinary College and Year of Graduation:

List all provinces/states in which you are currently licensed:

Additional certification you have obtained:

CHECK WHAT APPLIES TO YOU: My liability insurance is provided by: Hospital By Myself

DECLARATION OF MEMBER: I, _____ (print your name), am familiar with the Prince Edward Island Veterinary Medical Association (PEIVMA) Act and Bylaws and do solemnly declare my willingness to uphold the honour and dignity of the profession, that I will undertake to practice veterinary medicine in a professional and becoming manner and in accordance with the Act and Bylaws of the PEIVMA, including any and all restrictions imposed by said Act and Bylaws, that my name has not been removed from the register of any veterinary association by reason of an indictable offence, and that I have never been convicted of a criminal offense. I authorize the PEIVMA to make those inquiries that it deems relevant to my membership and/or licensure in the PEIVMA from those educational institutions that I have attended and those professional associations of which I am or have been a member. I also hereby authorize those educational institutions and professional associations to provide to the PEIVMA all such information requested by it. The information herein provided is correct to the best of my knowledge, information and belief, and I understand and agree that, in the event that any information provided above is incorrect, the PEIVMA may suspend or cancel any registration or license granted by it. I also authorize the PEIVMA to contact me by email messaging, or other electronic means, to inform me of matters of importance to the Association and/or the practice of veterinary medicine. The Prince Edward Island Veterinary Medical Association (PEIVMA) communicates with its members primarily through electronic means (e.g. email, electronic newsletters, etc.). I agree to accept electronic communications from the PEIVMA (express consent) and I will contact the PEIVMA office to unsubscribe should my wishes change in this regard.

Dated this day of..... 20....., at

Signature _____