

2026 Membership Renewal / New Application

for the period January 1 to December 31, 2026

Current members can also renew online at canadianveterinarians.net > My portal (log in required).
New applicants can submit their application by e-mail (admin@cvma-acmv.org) or by mail (339 Booth St., Ottawa, ON K1R 7K1)

MEMBER INFORMATION

☐ New applicant ☐ Renewal

FIRST NAME: _____ **LAST NAME:** _____

GRADUATION YEAR: _____ **COLLEGE/SCHOOL OF GRADUATION (DVM degree):** _____

E-MAIL (individual): _____ (This information is required to access the member portal and website. It is your unique identifier and cannot be a common address also used by other individuals in the organization.)

CLINIC / BUSINESS / EMPLOYER NAME: _____

PATIENT BASE: ☐ companion animals only ☐ food animals only ☐ mixed animals
☐ equine only ☐ other ☐ n/a

POSITION TYPE: ☐ Practice owner/partner ☐ Associate ☐ Locum ☐ Manager/Administrator ☐ Educator/Professor
☐ Retired ☐ Other (specify) _____

Indicate below the 'preferred' address which is the default address to receive CVMA mail. This is also the address that will be listed in the CVMA Member-only Directory online. If you do not wish to have your information published in the directory, please email admin@cvma-acmv.org.

BUSINESS ADDRESS: ☐ Preferred _____

BUSINESS TELEPHONE / FAX: Tel. () _____ Fax () _____

RESIDENTIAL ADDRESS: ☐ Preferred _____

RESIDENTIAL/CELLULAR TELEPHONE: Main () _____ Cell () _____

MEMBERSHIP CATEGORIES / FEES: Eligibility requirements exist for certain membership categories **. Please refer to the 2026 Membership Categories and Fees document for descriptions and eligibility criteria.

CATEGORY	FEE [†]
☐ Regular	\$367.00
☐ Recent Graduate-Grad Free (2026 graduate)	Free
☐ Recent Graduate-Yr 1 (2025 graduate)**	\$91.75
☐ Recent Graduate-Yr 2 (2024 graduate)**	\$183.50
☐ Recent Graduate-Yr 3 (2023 graduate)**	\$275.25
☐ Postgraduate Education **	\$183.50
☐ Retired **	\$183.50
☐ Provincial Life / Provincial Honourary	\$183.50
☐ Maternity / Parental Leave **	\$183.50
☐ Illness / Disability Leave **	\$183.50

Fees are subject to applicable taxes based on mailing address:

Billing address		
PROVINCE	GST	HST
QC, MB, SK, AB, BC, NT, NU, YT	5%	
NB, NL, PE		15%
NS		14%
ON		13%
Outside Canada	Tax exempt	
GST / HST #R106868557		

AUTOMATIC RENEWAL OPTION (✓ to select this option)

☐ By selecting this option, your membership will renew on January 1st each year. CVMA will send you an e-mail notification to reconfirm automatic renewal participation prior to processing annual payment using the credit card information you provided.

ONE-TIME PAYMENT OPTION

Please submit your payment before 31 December 2025
Membership starts January 1, 2026 and fees cannot be prorated.

Fee: \$ _____ **+ taxes[†]** _____ **= Total:**

☐ **CHEQUE** ☐ **CREDIT CARD** (Visa, MasterCard)

CREDIT CARD NUMBER:

EXPIRY DATE (mm/yy): ____ / ____ **| CVV CODE :** ____

CARDHOLDER'S NAME:

SIGNATURE: _____

Credit card payment: Please enter the 3-4 digit security code noted on the back of your card or call the CVMA at 1-800-567-2862 to provide this information.