



Membership Form

Name: _____ Title: _____

Clinic: _____

Email Address: _____

Annual Membership Fees for January - December: \$120 Veterinarian
 \$60 Support Staff

Please mail form and payment to:

Kawartha Veterinary Association
2673 Lakefield Rd
RR 4 Selwyn, ON
K9J 6X5

E-transfer to:

treasurerkva@gmail.com