



Veterinary Professional Quest

Membership Application

Yes! Here's my \$45 annual dues. Sign me up!*

Name _____

Address _____

City _____ State _____ Zip _____

Day phone _____ Eve. _____

Fax _____ email _____

Medical/Surgical area(s) of particular interest _____

Favorite Outdoor Activities _____

Location(s) where you like/would like to attend meetings _____

If paying by check, make payable to **Veterinary Professional Quest** and mail your payment and this form to:

Veterinary Professional Quest
c/o Dr. Vyvian Lawrence, Secretary
707 81 St.
Downers Grove, IL 60516-4333
Fax: 630-910-1043
Email: members@vetquest.org

To pay by Master or Visa, please fill in below and mail to above address or fax this form to 630-910-1043.

Visa MC Card # _____

Amount of charge _____ Exp. Date _____

Name as it appears on card _____

Signature _____

**Attend your first meeting during the next 12 months and receive a 50.00 CE credit!*