

Michigan Equine Practitioners Association

3182 Jonathan
Oxford, MI 48371

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FAX 989-775-7979

MEPA 2005 DUES APPLICATION & DIRECTORY LISTING FORM

Fill out both sheets and mail to the address at the bottom by Feb. 15th, or bring to a meeting.

Name: _____ Practice/Employer _____

Mailing Address: _____

City/State/ZIP: _____

Work Phone (____) _____ Home Phone (____) _____

Fax: (____) _____ E-Mail**: _____ @ _____

**Please make sure your e-mail is accurate, ie. upper/lower case. The e-mail address given here will not be in the directories but will only be used for contacting members.

If postmarked or received before February 15, 2005, dues are \$75.00. After February 15, 2005, dues are \$95.00

Directory Listings

Members may purchase individual and facility directory listings at \$10.00 each, if paid by February 15, 2005; \$20.00 if paid after that.

Payment must be received by March 1, 2005 to be included in the 2005 directory.

If you would like to have a copy mailed to you, add \$5.00.

The Directory is now also on our website.

Individual – Individual listings are by the doctor's last name. If purchasing an individual listing, fill in below as you wish your listing to appear.

Name: _____ Phone:(____) _____

Practice Name: _____

Listing Address: _____

Fax: (____) _____ E-Mail**: _____ @ _____

Facility – If purchasing a facility listing, enter information below, and appropriate category number.

Facility Name: _____ Phone:(____) _____

Listing Address: _____

Fax: (____) _____ E-Mail**: _____ @ _____

Category (See Below) _____ Additional Services _____

Facility Categories:

- 1) **Full Service Hospital:** Intensive care, colic surgery, most orthopedic procedures available
- 2) **Intermediate Service Hospital:** Most routine procedures available, some emergency and orthopedic procedures
- 3) **Clinic:** Limited inpatient procedures available, most routine outpatient services offered.

Meeting Fee – If you are paying for your dues at the meeting, add the appropriate meeting fee (See below). If you are mailing this application, please do not include the meeting fee as it will be collected at the door.

- Members \$25.00
- MSU Staff & Students No Chg.
- Employees \$5.00
- Non-Members \$30.00

<u>Qty.</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Amount</u>
	Dues		
_____	If postmarked by February 15	\$75.00	\$_____
_____	If postmarked after Feb. 15	\$95.00	\$_____
	Individual Listings		
_____	If paid on or before Feb. 15	\$10.00	\$_____
_____	If paid after Feb. 15	\$20.00	\$_____
	Facility Listing		
_____	If paid on or before Feb. 15	\$10.00	\$_____
_____	If paid after Feb. 15	\$20.00	\$_____
	Directory Postage and Handling		
	If you have directory mailed to you	\$5.00	\$_____
	TOTAL		\$_____

Make check payable to MEPA and bring it and this form to a meeting or mail to:

**MEPA
c/o Dr. Evan Moore
3182 Jonathan
Oxford, MI 48371**