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Toll-Free: 1.866.338.MVMA - Local: 204.832.1276

Fax: 204.832.1382 - Web: www.mvma.ca

**RENEWAL CHEQUE PAYMENT INFORMATION FORM**

**Name of Payee:**

**Member Name: Veterinarian/RVT: Invoice # \*\* Amount Paid:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ex: Dr. Jane Doe | Veterinarian |  | $X |
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|  |  |  |  |
| **Total:** |  |  | (Total Amount Paid) |

**NOTE: If you are submitting payment for more members/invoices than are allotted for above, please insert additional rows (MS Word version) or submit additional forms (PDF version).**

**\*\*Please note that each member can locate their invoice number by logging into their online member portal and viewing or downloading their invoice.**

**Please contact me if you have any questions.**

**Jo-Anne Holod**

**Director of Member Services**  
Email: [**mvmainfo@mvma.ca**](mailto:mvmainfo@mvma.ca)

Direct: 204-832-1276, Ext. 4