

MANITOBA **VETERINARY** MEDICAL ASSOCIATION

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www.mvma.ca

RENEWAL MULTIPLE PAYMENT INFORMATION FORM

Name of Payee:

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

<i>Ex: Dr. Jane Doe</i>	<i>Veterinarian</i>		<i>\$X</i>
Total:			<i>(Total Amount Paid)</i>

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

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