



MEMBERSHIP APPLICATION

Name _____ Date _____

Mailing Address: _____ Date of Birth: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

Clinic Name: _____

Clinic Address: _____

Veterinarian(s) Names: _____

Type of Employment: Mixed ___ Sm. Animal ___ Large Animal ___
Exotic ___ Zoo ___ Laboratory ___
Sales ___ Other _____

Are you a graduate through an AVMA Accredited Veterinary Technology Program?

Yes ___ No ___ If yes, Name of College? _____

What year? _____

_____ **Active Member \$20.00 CVT, RVT, or LVT** (Diploma and/or certification) Full Voting Privileges

_____ **Associate Member \$15.00** (Anyone interest in supporting or promoting the AVTA- includes DVMs, pharmaceutical representatives, veterinary assistants, receptionists, caretakers, and managers) Non-Voting Rights

_____ **Student Member Free**

Name of AVMA Accredited Veterinary Technology Program _____

Mail the completed form and membership dues to:
Please make check payable to the AVTA

Joan Craig
515 Victoria Lane
London, AR 72847