



AVTA MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Cell:

Current address:

City:

State:

ZIP Code:

Email Address:

Indicate how you would like to receive the AVTA Newsletter:

Mail to work

Mail to home

E-mail

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

City:

State:

ZIP Code:

Veterinarian(s) Names:

TYPE OF EMPLOYMENT

Mixed Practice

Small Animal

Large Animal

Exotic

Zoo

Laboratory

Sales

Student

Other:

GRADUATE INFORMATION

Are you a graduate of an AVMA accredited Veterinary Technology Program?

Yes

No

Currently Enrolled

Name of College:

Year Graduated:

License #:

MEMBERSHIP INFORMATION

Active Member \$20.00 CVT, RVT or LVT
Must be certified and/or have a diploma
Full voting rights

Associate Member \$15.00
Anyone interested in supporting or promoting the AVTA.
Includes DVM's, pharmaceutical representatives, veterinary assistants, receptionists, caretakers and managers.
Non-voting rights

Student Member – Free

PLEASE MAKE ALL CHECKS PAYABLE TO THE AVTA

Mail completed form and membership dues to:

Sarah Shelton
2 Cedar Loop
Beebe, AR 72012