

**Membership Application**

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| Name:  | DOB:  | Phone:  |
| Address:  | City:  | State:  |
| Zip Code:  | Email Address:  | Date:  |
| Employer:  | Address:  | City:  |
| State:  | Zip Code:  | Phone:  |
| Are you a graduate of a AVMA accredited program? □Yes □No □Enrolled  | College:  Year Graduated:  | License #:  |

**Members will receive an electronic quarterly newsletter, invitations to exclusive member events and discounts on continuing education meeting registration. Please provide an email address above.**

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| Active Membership  | Any CVT,RVT or LVT. Must be certified and/or have a diploma from an AVMA Accrediated Program. Full voting rights are granted.  | $20.00  |
| Associate Membership  | Any individual interested in supporting or promoting the AVTA. This includes DVMs, pharmaceutical representatives, veterinary assistants, receptionists, caretakers and managers. Non-voting rights.  | $15.00  |
| Institutional Membership  | Any facility interested in supporting the AVTA such as veterinary practices, diagnostic laboratories, universities or research facilities. Non-voting rights.  | $20.00  |
| Student Membership  | Any student currently enrolled in a veterinary technology program.  | FREE  |

Please make all checks to AVTA & mail completed forms to

AVTA

P.O. Box 1135

Conway, Ar 72033