

**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