



Veterinary Technician Association
website: www.wyvta.org

Membership Application 2010

VT, VA, Associate membership = \$20/calendar year

VT Student = \$15/calendar year

Please PRINT or TYPE

NAME: _____
First Last

HOME ADDRESS

Street number/name
City, State ZIP
Home Phone Number
Email Address

WORK ADDRESS

Work Name
Street number/name
City, State ZIP
Work Phone Number

Preferred mailing type: Home Address [] Work Address [] Home E-mail [] Work E-mail []

If you attend(ed) an AVMA accredited Veterinary Technology Program please list it, your graduation date (or expected graduation date), and any credentials you may have below:

School Name (please write out full name) graduation date RVT, CVT, LVT number issuing state

Please check the appropriate box:

[] Veterinary Technician [] Veterinary Assistant [] Associate [] _____

What type of hospital/institution do you work for? _____

Please select which committees you would like to serve on?

[] Nominations [] Membership [] CE [] Newsletter [] _____ (other interests?)

As a member of the Wyoming Veterinary Technician Association, I will abide by the constitution, by-laws, and rules of the association.

Signature

Date

Dues Enclosed

DUES MUST ACCOMPANY APPLICATIONS

Send completed applications and dues to:

Deana Baker, CVT, Secretary
2633 Big Horn Ave.
Cody, WY 82414

Make checks out to the WyVTA