



Veterinary Technician Association

www.wyvta.org

Application for Biennial Membership: 2019-2020

Approved membership will be effective January 1, 2019 – December 31, 2020

(Membership Year is ODD, expiration date ends in an even year)

Check your Membership Number on your Member Card "WVTA XX-YYYY" where XX is your Member Year

CVT, VA, Associate membership = \$40/biennial

(CVT, hospital staff, veterinarian, public)

VT Student = \$30/biennial

(individual membership)

Please PRINT or TYPE

NAME: _____

HOME ADDRESS

WORK ADDRESS

Street Number/Name/PO BOX

Business Name (no abbreviations)

City State ZIP

Street Number/Name/PO BOX

Area Code & Phone Number

City State ZIP

Personal Email

Work Area Code & Phone Number

Please list your AVMA accredited Veterinary Technology Program, 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 Member (type):

What type of hospital/institution do you work for?

Please list which committee(s) you would like to serve on?

Nominations Membership Continual Education Newsletter NAVTA Scholarship
 _____ (other interests?)

As a member of the Wyoming Veterinary Technician Association, I will abide by the Constitution, Bylaws, and Rules of the Association.

Signature _____ Date _____ \$ _____ Dues Enclosed

DUES MUST ACCOMPANY APPLICATIONS; please make checks payable to: WyVTA

Send completed applications and dues to:

Deana Baker, CVT; WyVTA Membership & Certification
2633 Bighorn Ave., Cody, WY 82414

** Association Use – Do Not Write Below This Line **

Date Received _____ Check number _____ Amount _____ Member card sent date _____
CE received _____ Are things correct _____ Follow up _____ / _____ / _____