



Veterinary Technician Association

website: www.wyvta.org

Application for Biennial Membership: 2018-2019

Approved membership will be effective January 1, 2018 – December 31, 2019

(Membership Year is Even)

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

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

Home Email

Area Code & Phone Number

Preferred Emailing type: [ ] Home Email [ ] Work Email: \_\_\_\_\_

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 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 Secretary/Membership
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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_