



**MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Education:** \_\_\_\_\_  
Highest Grade Completed or Degree(s) Year

\_\_\_\_\_ School/Program

\_\_\_\_\_ School/Program Address

**MEMBERSHIP** **Alabama LVT License No.:** \_\_\_\_\_  
(Applicant is currently a licensed Veterinary Technician in the State of Alabama )

**ASSOCIATE MEMBERSHIP**

Veterinary Technician (Inactive)	( )	
Veterinary Assistant	( )	
Veterinarian	( )	
Certified Euthanasia Technician	( )	CET No.: _____
AALAS Certification	( )	Level _____
Other	( )	Describe _____

**MEMBERSHIP DUES \*\***

Full Membership (LVT)	( )	\$25.00
Associate Member	( )	\$15.00

\_\_\_\_\_ Applicant's Signature

**Make Check Payable to: AVTA**  
**Return Application**  
**with check to:** **Debbie Whitten**  
**2237 Bluff Road**  
**Birmingham, AL 35226**

\*\* Applications are accepted at any time throughout the year, however all memberships expire December 31st of each year. Note: Membership dues are included in the AVTA Fall CE registration fee.