



MEMBERSHIP APPLICATION

Applications are accepted at any time throughout the year. Memberships term Jan. 1 through Dec 31.
 Note: Membership dues are included in the AVTA Fall CE registration fee.

Name: _____

Address: _____

City State Zip

Home Phone: () _____ **Cell Phone:** () _____

E-mail Address: _____
 Required

Full Membership:

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

Associate Membership:

Associate members are not eligible to serve in the offices of President or Vice President, but retain voting privileges, serve on committees and attend all functions.

Veterinary Technician (Inactive) () License #: _____
 Out Of State LVT/RVT () License #: _____
 Veterinary Assistant () _____
 Veterinarian () _____
 Certified Euthanasia Technician () CET No.: _____
 AALAS Certification () Level : _____
 Other () Describe: _____

Membership Dues:

| | | | | |
|--|-----|---------|-------------|----------|
| Full Membership (LVT) | () | \$25.00 | Amount Paid | \$ _____ |
| Associate Member | () | \$20.00 | Amount Paid | \$ _____ |
| Current Veterinary Technician Students | | | | FREE |

Applicant's Signature: _____

Make Check Payable to: AVTA

| | | | |
|-------------------------------------|--|--|--|
| Do Not Write Below This Line | | Return Application with check to: | Kristi Rodas, LVT 4424 Cahaba River Blvd Hoover, AL 35216 |
| Date Received: | | | |
| Check Number: | | | |
| Member ID: | | | |