



VALVT Membership & Renewal Form 2009

The VALVT is the professional organization of Licensed Veterinary Technicians in Virginia

PLEASE complete the following application and send to the address below with your check for \$35 made payable to VALVT, Inc. or pay using a credit card at www.valvt.net. Online payment also requires submission of this form by mail to the address below. **Membership runs through Jan. 1- Dec 31, 2009. Renewals are accepted in December.**

Membership Status:

New _____ (INCLUDES NEW GRADUATES WHO WERE PREVIOUSLY STUDENT MEMBERS)

Renewal _____ **VA STATE LVT License REQUIRED#** _____

Students: Students currently enrolled in an AVMA-accredited Veterinary Technology Program receive complimentary membership. NO payment is required; please submit form to the address below.

School Attending _____ On Campus _____ Off Campus _____

Expected Graduation year _____

Please write / type clearly or you will not receive your benefits as a member!!

CHECK BOX IF YOU DO NOT WANT YOUR PERSONAL INFORMATION IN THE VALVT DIRECTORY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County (NOT COUNTRY): _____ Birthday :(month/day) _____

Phone: Home () _____ Work () _____

Email Address: _____

(Email is faster, reduces costs and waste. Please provide an email and check for our website www.valvt.net for information pertaining to our profession on a regular basis)

Employer: _____

Technician College Attended: _____ Graduation Date: _____

COMMITTEES:

The Association utilizes committees to get our members more involved and to help decrease the workload of the Executive Board. We NEED your help and we will become stronger if you are involved. If you do not choose a committee, one will be appointed for you that meet close to your region.

Awards: _____ Continuing Education: _____ Election: _____

Finance: _____ Liaison: _____ Membership: _____

Newsletter: _____ Professional Affairs: _____

*****FOR OFFICE USE ONLY*****

Payment _____ Check# _____ Membership # _____

Region _____ Received _____ Sent _____

Please send completed form, along with check made payable to VALVT, INC. or money order to:

VALVT c/o Carol Heizer, LVT
351 Wagon Shop Road
Middlebrook, VA 24459
VALVT@hotmail.com
ccwojo@isp.com