

VALVT Membership & Renewal Form 2008

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. Students currently enrolled in an AVMA-accredited Veterinary Technology Program receive complimentary membership. You may pay using a credit card by the link at the VALVT web-site (www.VALVT.org) **TO ACTIVATE YOUR MEMBERSHIP PLEASE MAIL OR EMAIL THIS FORM TO THE CORRESPONDING SECRETARY AT THE ADDRESS BELOW.**
Membership runs from 1 Jan. thru 31 Dec 2008. Renewals are accepted in December.

Membership Status:

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

Renewal _____ VA STATE LVT License REQUIRED# _____

Students: 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 LISTED IN THE VALVT DIRECTORY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Phone: Home () _____ Work () _____

Email Address: _____

(YOU WILL RECEIVE INFORMATION QUICKER BY EMAIL THAN SNAIL MAIL!)

Employer: _____

Technician College Attended: _____ Graduation Date: _____

The association will be utilizing our committees in order to get our members involved more and to help lessen the burden of the executive board. We need your help and we will become stronger if you are involved. If you do not choose a committee we will place you in a committee that meets in your region. [Active committee members receive discount on C. E.](#)

Committees:

Ad Hock _____	Finance _____	Newsletter _____
Con't. Ed. _____	Liaison _____	Professional Affairs _____
Election _____	Membership _____	Awards _____
Whatever is closest _____		

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

Payment _____ Check# _____ Membership # _____ Region _____

Received _____ Sent _____

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

VALVT- Membership
P.O. Box 2456
Glen Allen, Va. 23058-2456
VALVT@hotmail.com