

Ohio Association of Veterinary Technicians

MEMBERSHIP APPLICATION FORM

I, _____, do hereby apply for membership in the Ohio Association of Veterinary Technicians as: (check one)

___ AN ACTIVE MEMBER – I am a Registered Veterinary Technician residing or employed in the State of Ohio.

___ A. I enclose the \$25.00* initial year's dues

___ B. I enclose the \$20.00* renewal of membership

___ AN AFFILIATE MEMBER – I am not a resident of Ohio, but am officially recognized as a veterinary technician or equivalent in any state. Or, I am no longer registered through choice and not revocation. I enclose the \$15.00* current year's dues.

___ AN ASSOCIATE MEMBER – I am a student currently enrolled in an AVMA accredited veterinary technician program in the State of Ohio. I enclose the \$10.00* current year's dues.

PLEASE PRINT

NAME: _____

HOME ADDRESS: _____ CITY: _____

COUNTY: _____ DISTRICT: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____

E MAIL ADDRESS: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: (____) _____

YEAR OF ORIGINAL REGISTRATION: _____

SIGNATURE OF APPLICANT: _____

If you are employed in a district other than the one you reside, please indicate the district that you would like to vote: _____

Dues for all categories of membership include one year's subscription to the Ohio Association of Veterinary Technicians Newsletter. All correspondence will be sent to the member's home address unless otherwise requested by the member.

* Any membership dues received after December 31st will be assessed a late fee of \$5.00, except for new members.

Mail to: Ohio Association of Veterinary Technicians
7745 Hathaway Park Court
Dublin, Ohio 43016