



Application for FVTA Membership

Personal Information

Name: _____

Hospital Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

County: _____

County: _____

Phone: (____) _____

Phone: (____) _____

*Email: _____

Fax: (____) _____

**FVTA correspondence will be via email. If you do not have email access, please note this in the "Comments" area at the end of the registration form.*

Employment Type

Small Animal Practice

Exotic/Zoo Animal

Large Animal Practice

Teaching/Research Facility

Mixed Animal Practice

Sales

Emergency Clinic

Other (please explain) _____

Application Type

This application for a new membership

This application is for membership renewal

Are you a member of NAVTA?

Yes

No

Are you a Registered Florida Voter?

Yes

No

This application is for **student membership** which requires that you be actively enrolled in accredited veterinary technology school in the state of Florida

- Name of School: _____ Graduation Date: _____
- Student verification (*must be signed by faculty advisor*) _____

Membership Dues:

Active Membership \$35.00

Annual fee for technicians certified, licensed, or registered by other agencies.

Associate Member \$30.00

Annual fee for all other veterinary team members

Student Member (no charge)

Offered to students of AVMA accredited veterinary technology programs upon graduation and passing of the VTNE.

The FVTA offers certification to FVTA student members for a special onetime fee of \$25 for certification which includes a 2-year membership.

Payment

Payment can be made by credit card using Pay Pal, Check or Money Order

Please make check or money order payable to:

Florida Veterinary Technician Association
FVTA Membership
PO Box 924082
Princeton FL 33092

OFFICE USE ONLY:

Application & payment received Computer input Check or money order number: _____ Member info