

Veterinary Technician Association

website: www.wyvta.org

Membership Application

*Use if your Certification expires December 31, 2017

Approved membership will be effective January 1, 2017 – December 31, 2017

VT, VA, Associate membership = \$20 for 2017 only
VT Student = \$15/graduating in 2017 (technician, hospital staff, veterinarian, public)

Please PRINT or TYPE

NAME:				
HOME ADDRESS Street Number/Name/PO BOX		Last	Business Name (no abbreviations)	
		Business Name		
City State ZIP		Street Number/N	/Name/PO BOX	
Area Code & Phone Number		City	State ZIP	
Email		Area Code & P	Area Code & Phone Number	
Preferred mailing t	ype: □ Home Email	□ Work Email	OR ☐ Home Address ☐ Work Address	
expected graduation	date), and any credent	tials you may have be		
School Name (please write	out full name) gra	duation date	RVT, CVT, LVT number issuing state	
Please check the a □ Veterinary Tec		Veterinary Assistar	nt	
What type of hosp	ital/institution do yo	ou work for?		
	ommittee(s) you wo Membership 🗆 Co		on? Newsletter NAVTA Scholarship (other interests?)	
	he Wyoming Veter aws, and Rules of		n Association, I will abide by the	
			\$	
Signature		Date	Dues Enclosed	

DUES MUST ACCOMPANY APPLICATIONS; please make checks payable to: WyVTA

Send completed applications and dues to:

Deana Baker, CVT; WyVTA Secretary/Membership 2633 Bighorn Ave. Cody, WY 82414