



AAEVT Membership & Renewal Form

The American Association of Equine Veterinary Technicians and Assistants would like to welcome you to join or renew your membership. **Membership is open to all technicians, assistants and support staff and those employed in the veterinary industry worldwide.** Student membership is also available for those enrolled in an AVMA/CVMA approved VT Program. Please fill out this form and mail or fax it back, along with your payment information. You may visit our website www.aeetv.org to join or renew online. We offer a special Clinic rate for multiple memberships. Please contact Katie Soobrian (AAEVT Treasurer & Membership Assistant) for more information.

Memberships are accepted throughout the year. Membership is for one year from the date joined or renewed.

Current Membership Status: New Member Regular Member Renewal Charter Member Renewal \$60.00 USD

International Membership: Country: _____ (Canada is not considered International) \$70.00 USD

Student Membership: 1st yr 2nd yr 3rd yr 4th yr in an AVMA accredited program. \$25.00 USD

Please print clearly

Membership Disclosure: Information will be available to AAEVT sponsors

Last Name: _____ **First Name:** _____ **M.I.:** _____

Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Country: _____ **Phone: Home** () _____ **Work** () _____

Email Address (*Required, used for "Members Only" website access): _____

Employer/Practice: _____

Type of Practice: Equine Small Animal Mixed Teaching/Industry Other

How did you hear about the AAEVT? _____

How would you prefer to have your biannual AAEVT Newsletter delivered? (circle one) Emailed Printed & Mailed Both

Technician Program or College attended/attending: _____ **Student ID#** _____

Year Graduated or Expected Graduation Date: _____ **Program Director:** _____

Designation: LVT CVT RVT AHT Assistant VTS PM Other: _____

State(s) of Licensure: _____ **Area of Specialty:** _____

***** **Please Print All Information Clearly** *****

PAYMENT METHOD (Please make checks payable to the AAEVT) Office Use Only: Membership # _____

Name on Check/CC: _____ **Check #:** _____ **Cash:** \$ _____

CC Type: (circle one) VISA MC **CC #:** _____ **CV code:** _____ **Exp. Date:** _____

Signature: _____ **Date:** _____

Please email, fax or mail completed form along with payment information to:

Email: ksoobrian@yahoo.com

Subj: AAEVT Membership Form

Fax: 760-301-0349 **Attn.:** Katie Soobrian

Mail: AAEVT c/o Katie Soobrian

336 36th Street, Suite 735

Bellingham, WA 98225

Please direct any questions regarding Membership and Dues to:

Katie Soobrian, AAEVT Treasurer & Membership Assistant

Phone: 604-803-8787 Fax: 760-301-0349 Email: ksoobrian@yahoo.com