



Dear Program Director,

Student involvement in professional activities during their education fosters the development of leaders within the profession. The AAEVT wants to help those students who wish to pursue a career in equine medicine achieve those goals. It is the mission of the AAEVT to *promote the health and welfare of the horse through the education and professional enrichment of the equine veterinary technician and assistant*. We are proud to introduce our **AVMA/CVMA Student Membership Program**:

AVMA/CVMA accredited Vet Tech programs can now join the AAEVT for \$150.00 and receive an annual membership for one faculty members plus eight (8) veterinary technology students that are pursuing a focus in the equine veterinary industry. Students must be enrolled full time.

Additionally, the AAEVT continues to offer discounted student memberships of \$25.00 annually (a discount of \$35 off a regular annual membership!) for full time students attending schools that have not yet taken advantage of our group discount program.

For more information on our AVMA/CVMA Student Membership Program, contact AAEVT Membership Assistant: Katie Soobrian (ksoobrian@aaevt.org, 604-803-8787).

Enclosed is a program application. Please include the name, address and contact information for your 8 equine focus vet tech students. One faculty member must be listed as a contact person for the AAEVT.

Please feel free to contact me if you have any questions.
It is the AAEVT's hope that you will continue to assist us in encouraging the professional development of your students.

Sincerely,
Deborah B. Reeder RVT, VTS-EVN
AAEVT Executive Director
214-505-1548
DBReeder@gmail.com



AAEVT-AVMA/CVMA Veterinary Technology Student Membership Program Enrollment Form

The American Association of Equine Veterinary Technicians and Assistants would like to welcome you to join or renew your AVMA/CVMA Student Membership Program. AVMA/CVMA accredited veterinary technology programs can receive annual Student Memberships for 8 veterinary technology students* that are pursuing a career in the equine veterinary industry, plus a complimentary membership for the appropriate school staff or contact person. Please fill out this form and mail, email or fax it back, along with your payment information. Visit our website www.aeet.org to learn more about the AAEVT and benefits of becoming a member.

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

Membership Status: New AVMA/CVMA School Member Renewing AVMA/CVMA School Member **\$150.00 USD**

Please print clearly

Membership Disclosure: Information will be available to AAEVT sponsors

School: _____ Program Title: _____

Address: _____ Building, Suite, Department: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: () _____ Fax: () _____ Website: _____

Faculty Contact (First & Last Name): _____ Title: _____

Email Address: _____ Phone: () _____

***** 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@aeet.org

Please direct any questions regarding this Program to:
Katie Soobrian, AAEVT Treasurer & Membership Assistant
Phone: 604-803-8787 Fax: 760-301-0349 Email: ksoobrian@aeet.org

Subj: AVMA/CVMA Membership Form
Fax: 760-301-0349 Attn.: Katie Soobrian
Mail: AAEVT c/o Katie Soobrian
336 36th Street, Suite 735
Bellingham, WA 98225

* Students must be enrolled full time. There is a maximum of eight students allowed under this discount program. Additional students may be signed up at the regular \$25.00 annual Student Member dues rate.

Complimentary Membership – Director, Equine Instructor, Staff Contact

First Name: _____ Last Name: _____ Title: _____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

AAEVT-AVMA/CVMA Veterinary Technology Student Membership Program

Please provide the all of the following information for 8 eligible students* to receive AAEVT Student Memberships. *Email addresses are required for members to log into the AAEVT website.* * Students must be enrolled full time. There is a maximum of eight students allowed under this discount program.

Student 1

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 2

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 3

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 4

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 5

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 6

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 7

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Student 8

First Name: _____ **Last Name:** _____ **Anticipated Mo/Yr of Graduation:** ____ / ____

Address: _____ **Email:** _____ **Phone:** () _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Additional students and staff are encouraged to apply at the regular \$25.00 annual Student Membership dues rate. Their information may be amended to this application for ease of processing.

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Additional Student/Staff

First Name: _____ Last Name: _____ Anticipated Mo/Yr of Graduation: ____ / ____

Address: _____ Email: _____ Phone: () _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Each additional member @ \$25.00 x _____ = \$ _____