



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 & support staff employed in the equine veterinary industry worldwide.** Student membership is available for those enrolled in an AVMA/CVMA accredited program. Visit our website www.aaevt.org to learn more or join or renew online. We also offer a discounted group membership rate for practices renewing more than 7 members; please contact us for more details: ksoobrian@aaevt.org

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 AVMA accredited program. **Student ID* #:** _____ \$25.00 USD
**Required for discounted Student membership rate*

Please print clearly

Membership Disclosure: Information will be available to AAEVT sponsors

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

Street: _____ **City:** _____ **State/Province:** _____ **Zip/Postal 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: (circle one) Credit Card or Check (Please make checks payable to the AAEVT) **Check #:** _____

Name on Card: _____ **Total: \$** _____

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

Billing Address: _____ **City:** _____ **State/Province:** _____ **Zip/Postal Code:** _____

Signature: _____ **Date:** _____

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

Email: ksoobrian@aaevt.org

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 & CFO

Phone: 604-803-8787 Fax: 760-301-0349 Email: ksoobrian@aaevt.org