



# 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.aevert.org](http://www.aevert.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: [wcostanza@aevert.org](mailto:wcostanza@aevert.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:**  1<sup>st</sup> yr  2<sup>nd</sup> yr  3<sup>rd</sup> yr  4<sup>th</sup> 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:** [wcostanza@aevert.org](mailto:wcostanza@aevert.org)  
**Subj:** AAEVT Membership Form

**Fax:** 760-301-0349 **Attn.:** Wiss Costanza

**Mail:** AAEVT c/o Wiss Costanza  
41 Achorn Hill Road  
Lancaster, NH. 03584

**Please direct any questions regarding Membership and Dues to:**

Wiss Costanza, AAEVT Assistant Executive Director  
Phone: 603-631-4301 Fax: 760-301-0349 Email: [wcostanza@aevert.org](mailto:wcostanza@aevert.org)