



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: kely@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 ☐ \$70.00 USD

Student Membership: ☐ 1st yr ☐ 2nd yr ☐ 3rd yr ☐ 4th yr in AVMA accredited program. **Student ID* #:** _____ ☐ \$30.00 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? _____

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 & Number: _____ **License Number:** _____

Area of Specialty: Ambulatory ☐ Anesthesia ☐ AAEVT Online Program ☐ ICU/Medicine ☐ Imaging ☐
Practice Management ☐ Reproduction ☐ Sporthorse ☐ Surgery ☐ Other ☐ _____

***** **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: kely@aaevt.org

Subj: AAEVT Membership Form

Fax: 760-301-0349 **Attn.:** Kristi Ely

Mail: AAEVT c/o Kristi Ely
1169 N Burleson Blvd, Ste 107, #167
Burleson, TX 76028

Please direct any questions regarding Membership and Dues to:

Kristi Ely, AAEVT Assistant Executive Director & Membership Chair
Phone: 254-255-1143 Fax: 760-301-0349 Email: kely@aaevt.org