

# VVTA Application 2010

## Membership / Certification / Re-certification

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Technician \_\_\_\_\_ VTC Student \_\_\_\_\_

Veterinary Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Technical School: \_\_\_\_\_

Address: \_\_\_\_\_

Expected / Year of Graduation: \_\_\_\_\_

Year Passed VTNE: \_\_\_\_\_ State: \_\_\_\_\_

**VVTA membership is from January 1<sup>st</sup> to December 31<sup>st</sup>.**

**Certification / Re-certification (includes membership): \$50.00**

**Technician Membership: \$25.00      Student Membership: \$15.00**

**Associate Membership (Out of state newsletter subscription): \$10.00**

**Late fee (30 days past expiration/February 1st): \$10.00.**

Send proof of graduation and proof of passing the VTNE for Certification.

Send proof of 18 Continuing Education Credits for Re-certification.

### Mail Application and Fee to:

VVTA c/o Jo Collemer, LVT, CVT

117 East Bear Swamp Road

Middlesex, VT 05602-9393

802-229-5054    catwhisperer@myfairpoint.net

#### VVTA Use Only

Date Received: \_\_\_\_\_

Payment: \_\_\_\_\_ via: \_\_\_\_\_

Review / Approval: \_\_\_\_\_

Acknowledgement: \_\_\_\_\_

CE \_\_\_\_\_

Membership

Certification

Re-certification

# \_\_\_\_\_

Expires: \_\_\_\_\_