



NEW HAMPSHIRE VETERINARY TECHNICIAN ASSOCIATION

Committee on Veterinary Technician Certification
ASSOCIATE AND STUDENT MEMBERSHIP APPLICATION FORM

Name: (print clearly) Last First Middle
Maiden Name (only needed if married in the last year & previously enrolled):

Home Address: (street)
(city, state, zip)

Phone #: *E-mail:

Current Employer:
Address: (City) (State) (Zip Code)

Education (Check highest level)
High School College 1 2 3 4
School:
Major:
Degree: Date:

*If applying for student membership, the program directors signature is required.
Signature:
Date:

Membership Classification: (Please check)
Associate (\$15.00)
Student (No charge)
New Renewal

Associate & Student Membership includes:
A 1 year NHVTA membership, a membership card which will allow free admission to all NHVTA CE's & NHVTA email updates & up-to-date information on upcoming CE's.
All memberships run from January 1 to December 31 of the same year.

Signature of Applicant:

Date of Application: / /

Mail this completed form, with a check in the amount of \$15.00, late fee is an additional \$25.00 after March 1st (for associate membership only), payable to the NHVTA or your Paypal receipt to:

New Hampshire Veterinary Technician Association • P.O. Box 295, Greenland, NH 03840
Please notify the NHVTA of any name, address, phone or email changes

Please allow 4 - 6 weeks to process your application.

NHVTA Use Only
Date Received: Check #:
Accept/Reject: CVT Expiration Date: