

**Rhode Island Veterinary Technician Association
General Membership Application**



**Membership expires on December 31st
Membership is open to ALL veterinary hospital staff**

TYPE information below and print

***Name** _____

***Address** _____

***City** _____ ***State** _____ ***Zip** _____

***Phone** _____ **home** **cell**

***Email** _____

Hospital/Clinic Name _____

Job Title _____

***Membership: (check one)** **New** **Renewal**

*Required

Newsletters only available via email. To ensure you receive one, please provide your email address above. (RIVTA does not sell or provide third party usage of email addresses)

I do not wish to have my information published in the RIVMA Directory _____
(published information consists of: Name, Email, and Hospital/Clinic Name)

Mail completed application to:

**RIVTA
PO Box 689
Charlestown, RI 02813**

Paying by (choose one):
_____ CHECK/MONEY ORDER (enclosed) \$35
Or
_____ PAYPAL \$35 + service fee