



**Rhode Island Veterinary Technician Association  
Hospital/Clinic  
Multi-membership Application  
[Non-CVT memberships only]**

Memberships expire annually on December 31<sup>st</sup>

**TYPE information below and print**

**Hospital/Clinic Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Pay for 5 RIVTA memberships and get the 6<sup>th</sup> free!**

**(Includes non-CVT's, technician assistants, receptionists, kennel attendants and managers)**

RIVTA offers many benefits to its members including CE opportunities, discounts to RIVTA and RIVMA conferences, newsletter subscription and a free membership to RIVMA.

**Please list the employees' names and their home addresses:**

<b>Name</b>	<b>Address/Phone</b>	<b>Job Title</b>	<b>Email</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Free** \_\_\_\_\_

**Total Due: \$175 (\$35 each)**

**Mail completed application to:  
RIVTA  
PO Box 689  
Charlestown, RI 02813**

Paying by (choose one):  
\_\_\_\_ CHECK/MONEY ORDER enclosed  
Or  
\_\_\_\_ PAYPAL [includes service fee]