

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



**Membership expires on December 31st each year
Membership is open to ALL veterinary hospital staff
Complete electronic form and print**

***Name** _____

***Address** _____

School Attending _____ **Year Graduating** _____

***Home Phone** _____ **Cell Phone** _____

Email _____

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

***Newsletters will be via email only**

***Required**

Please enclose this form and send to:

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

****Student memberships are free of charge for the entire time you are in school**
Please enclose a copy of your student ID when mailing this in.**