



**Rhode Island Veterinary Technician Association  
Application for Hospital/Clinic  
discounted associate membership**

**Non-CVT memberships only!  
Memberships expires on December 31<sup>st</sup> each year**

**Please Print Clearly**

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

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

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

**Hospital 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 it's 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. _____	_____	_____	_____
<b>Free</b> _____	_____	_____	_____

**Total Due: \$150 made payable to:**

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