



***RHODE ISLAND VETERINARY TECHNICIAN ASSOCIATION
APPLICATION FOR***

***HOSPITAL/CLINIC DISCOUNTED ASSOCIATE MEMBERSHIP
NON –CVT MEMBERSHIP ONLY!
EXPIRES ON DECEMBER 31 OF EACH YEAR***

Please Print Clearly

Veterinary Facility Name _____

Address _____

City _____ State _____ Zip _____

Clinic Phone # _____

Pay for 5 employee RIVTA memberships and get one membership for free!!

(Includes non-CVT technicians, assistants, practice managers and receptionists) RIVTA offers many benefits to its members including CE registration discounts, newsletter subscription, and a free membership to RIVMA.

Please list the employees names and their home addresses.

Name	Address	Job Title	Email Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Plus one for free			
6.	_____	_____	_____

Total due :\$ 150.00 made payable to RIVTA

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
RIVTA**

Please mail form, documentation and payment to:

RIVTA
PO Box 689
Charlestown, RI 02813