

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



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

Complete electronic form and print

***Name** _____

***Address** _____

***Job Title** _____

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

Email _____

Hospital/Clinic Name _____

Address _____

Work Phone _____

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

***Newsletter: (check one)** **Print** **Email**

***REQUIRED**

Please mail completed form & check/money order for \$30 (payable to RIVTA):

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