

**Rhode Island Veterinary Technician Association**

**General Membership Application**

*Membership in RIVTA expires on December 31 of each year*

Membership in RIVTA is open to all veterinary hospital staff



Name \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

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

Address \_\_\_\_\_

Circle one:                      New membership                      Renewal

Please enclose check or money order for \$30 made payable to RIVTA

Mail form and payment to:

RIVTA

PO Box 689

Charlestown, RI 02813