

Kentucky Veterinary Technician Association

2012 Membership Form

Name: _____ License #: _____
Address: _____ Home phone: _____
City: _____, State: _____ Cell phone: _____
Zip code: _____
E-mail: _____
Employer: _____ Work phone: _____
Address: _____ Fax: _____
City: _____, State: _____
Zip code: _____

I am willing to serve on the following committee(s)

- Continuing education: Contacts and secures speakers and sponsors for the KVMA conference
- Public relations: Helps maintain the website and other projects that promote KVTA
- Newsletter: Helps write and submits articles for publication in the newsletter
- By-laws: Reviews the Constitution and By-laws to suggest any needed changes at the annual business meeting.

I nominate _____ for the technician of the year award.

(We will contact you for more information about your nominee)

Annual dues: (January 1 through December 31) Please check one.

- Full member (Credentialed Technicians/Technologists) \$30.00/year
- Associate Member (Non-licensed, assistants, etc.) \$20.00/year
- Student (Please include school name & contact person, i.e. instructor) Free
- School: _____
- Contact: _____

Please make checks payable to *KVTA (Kentucky Veterinary Technician Association)*

Please mail forms and checks to:

C/O Felecia Jones, M.S., LVT, Treasurer
Veterinary Technology
Murray State University
115 A., 100 AHT Center
Murray, KY 42071