



CVTA Membership Application

Name: _____

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Mobile Phone: (_____) _____

Email Address for Newsletter Delivery: _____

V.T. Program Attended/Year Graduated: _____

Employed By: _____

If you would like to add the email of your clinic/workplace, please list below:

Type of Membership - Please Check Appropriate Box:

Renewal (Full) \$15.00

New Vet Tech Graduate \$10.00

Associate (Degreed Tech, Unregistered; Office/Staff Asst.) \$10.00

Late Fee \$5.00

Dues are to be renewed every SEPTEMBER.
A \$5.00 late fee will be assessed after November 30th.

Please mail this page, filled out in full, and mail it along with your check to:

CVTA Treasurer % Alisa Martinez

4439 Ashland Avenue
Cincinnati, OH 45212

Make all checks payable to: CVTA