

**Michigan Association of Veterinary Technicians**  
**Application for 2012 Individual Membership**

Applicant's Name \_\_\_\_\_

Veterinary Technician Student (school): \_\_\_\_\_

LVT, Year of Graduation: \_\_\_\_\_ Institution/school: \_\_\_\_\_

Michigan VT License # \_\_\_\_\_

Other \_\_\_\_\_

New membership

Renewal

Active (LVT)  
(\$30.00)

Associate (VT student)  
(\$10.00)

Affiliate  
(\$25.00)

Hospital  
(1-5 LVT's \$30/LVT; >5 LVT's

\$25/LVT)

Home Address: \_\_\_\_\_

\_\_\_\_\_  
(city)

(state)

(zip)

Business Name/ Address: \_\_\_\_\_

\_\_\_\_\_  
(city)

(state)

(zip)

Telephone: (Primary) \_\_\_\_\_  
(area code)

(W) \_\_\_\_\_  
(area code)

Fax \_\_\_\_\_  
(area code)

E-mail Address: \_\_\_\_\_

\*EMAIL ADDRESS MUST BE PROVIDED TO ENSURE DELIVERY OF CORRESPONDENCE\*

Preferred place to receive mailings:

Home

Business

Yes, I would like to receive promotional mailings from veterinary vendors who support the MAVT.

Employment Type:

Companion animal practice

Research

Large animal practice

Teaching

Mixed animal practice

Other \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ (Make checks payable to **MAVT.**)

There will be a \$20 fee for checks returned due to non-sufficient funds.

Return to: MAVT Recording Secretary  
P. O. Box 142  
Atlas, MI. 48411-0142

*This application valid through December 31, 2012*