

Washington State Association of Veterinary Technicians

Membership Application

The Full and Associate Membership fee is \$40.00

Student Membership is \$20.00

Membership begins when application is successfully processed and is good for 1 year

Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone: Hm: _____ Cell: _____ Work: _____

Employer: _____

Address: _____

Student Program: _____ Graduation Year: _____

I am (check all that apply): Renewing A new member Full (\$40.00)

Associate (\$40.00) Students (\$20.00)

My Washington technician license number is: AT _____ (If applicable)

My WSAVT membership number is: _____ (If applicable)

Please make check or money order payable to WSAVT and send to:

WSAVT Membership Chair
c/o Browns Point Veterinary Clinic
6720 Eastside Drive NE #4
Tacoma, WA 98422