

**Rhode Island Veterinary Technician Association
General Membership Application**



**Membership expires annually on December 31st
Membership is open to ALL veterinary hospital staff**

[*REQUIRED]

***Name** _____

***Address** _____

***City** _____ ***State** _____ ***Zip** _____

***Job Title** _____

***Phone** _____ **home** **cell**

***Email** _____ {RIVTA Newsletter distributed via email}

Hospital/Clinic Name _____

***Membership Type:** **New** **Renewal**

~Membership fee also includes membership in RIVMA!~

Please scan this form and email it to info@rivta.org. **RIVTA no longer accepts personal checks. Payment methods include PayPal (service fee applied) or money order (payable to "RIVTA") ONLY.****

**RIVTA
PO Box 689
Charlestown, RI 02813**