

Veterinary Technician & Other Membership Application

Fiscal Year runs June 1 to May 31

I hereby make application for membership renewal, and will conduct myself according to the By-Laws, Code of Ethics and Objectives of the Association (see www.oavt.org)

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ Postal Code: _____

Phone: Home (_____) _____ - _____ Work: (_____) _____ - _____ Ext. _____

Fax: (_____) _____ - _____ Maiden Name: _____

Email Address: _____

Mailing Address: As Above OR _____

Education: Formal - _____

College of Graduation: _____ Year of Graduation: _____

Location: _____

Specialized Training: _____

Employment: _____ Date Started: _____

Address: _____

Phone: (_____) _____ - _____

Supervisor: _____

Reference: (From the field of Animal Health): _____

Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

I certify that the forgoing information is true and correct and I enclose the current fee payable.

Date: _____ Signature: _____

Application for Membership will not be processed without including appropriate fee in total.

Make cheque payable to the O.A.V.T. Send with application form.

BN:131435703

Schedule of Fees (includes GST):	AHT/ACT/VT	\$110.25
	(NON AHT) ASSOCIATE	\$110.25
	STUDENT	\$42.00

Paid by Employer: _____

For credit card payments please check one: VISA MASTERCARD

Card#: _____ Expiry Date: _____ Amount Paid: _____

Name on Card: _____ Signature: _____

Notes:

- For any cheque returned by the Bank there will be a \$26.25 (\$25.00 + GST) administration fee.
- Support documentation required with Associate membership applications.
- All payments by credit card must include a signature to be valid.
- OAVT values the privacy of its members. All information collected is done so in accordance to our privacy policy.

O.A.V.T
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