

Ontario Association of Veterinary Technicians

Letter of Undertaking

100 Stone Road West, Guelph, ON N1G 5L3 519-836-4910 fax 519-836-3638 www.oavt.org

Contact Information

Last Name; _____ First Name; _____
Email; _____ Moving Date; _____

Relocating from; _____
Address Province Postal Code Phone No.

Moving to; _____
Address Province Postal Code Phone No.

Education

College of Graduation; _____ Graduation Year; _____
Program Name: _____ Location; _____

Employment in Ontario

Place of Employment; _____ Start Date; _____
Address; _____ City; _____ Postal Code; _____
Supervisor; _____ Phone; (____) ____ - _____ ext. _____

VTNE Date; ____ / ____ / ____ Province Written in; _____ PES/VTNE Certificate No. _____ Pass / Fail
YY MM DD please circle

I hereby make application for membership and will conduct myself according to the By-Laws, Code of Ethics and Objectives of the Association (refer to www.oavt.org). I certify the above information is true and correct. I authorize OAVT to verify the above information. OAVT values the privacy of its members. All information collected is done so in accordance with our privacy policy.

Date; _____ Signature; _____

Fiscal year runs June 1 to May 31

RVT Transfer Fee full year \$254.91
RVT Transfer Fee ½ year \$127.46 (1/2 year fee applies to Dec 1 – May 31)

Support Documentation Required with Transfer Form

- Copy of Certification Certificate (RVT / AHT)
- Letter from current Association verifying current status

Please enclose payment with membership form

Payment (please check appropriate boxes) Paid by member Paid by Employer
 Cheque number _____ Money Order number _____
 VISA MASTER CARD _____ YY / ____ MM
Card number Expiry date

Name on card; _____

Signature; _____

Please Note

- ➔ 25.00 (+ tax) charge for NSF cheques
 - ➔ Credit card payments must include signature to be valid
 - ➔ Please allow 8 weeks for processing of membership cards and receipts
- OAVT GST# 131435703 RP 0001