



Mississippi Association of Veterinary Technicians

APPLICATION FOR MEMBERSHIP / RENEWAL

Mail Completed Application and Check (payable to MAVT) to
 PO Box 395 - Clinton, MS 39060

Contact Information

Name	
Home Phone	
Mailing Address	
City/ ST/ ZIP Code/County	
Name of Employer	
Work Phone	
Work Address	
City ST ZIP Code	
E-Mail Address	

Veterinary Technician Program

Program Attended	
Year of Graduation	
Current Credential #/ State	
If student,	
Name of program attending	
Expected date of graduation	

Type of Membership Desired

- Full (Credentialed in any one of the 50 states) \$40.00
- Associate (veterinarian, non-credentialed) \$25.00
- Veterinary Technician Student \$10.00

Office use only

Form of payment _____ Check # _____
 Date received _____ Assigned membership # _____