

2009 WVTA Membership Registration/Renewal

For membership, mail this form with your check, payable to WVTA, for \$40 to:
Wisconsin Veterinary Technician Association, P.O. Box 55166, Madison, WI 53705-8966

Name: _____

Home Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone and/or cell phone: _____

email address: _____

Workplace: _____

Type of Employment: Small Large Mixed Equine Lab
 Teaching Other: _____

Work address: _____

Work City: _____ State: _____

Zip: _____ County: _____

Work Phone: _____

WI Certified? Y / N College _____ Yr _____

Member information will be sent via mail for membership renewal in the fall.
Forms must be received before Jan. 1, 2009 to be reflected in the 2009 membership directory