



# Virginia Association of Licensed Veterinary Technicians 2023 Practice Membership Form

## Employment Information

Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Practice #: \_\_\_\_\_

Fax #: \_\_\_\_\_

## Technician Information

*\*In order to update/make personal membership accounts,  
please use different emails for each technician\**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

VA LVT License #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

VA LVT License #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

VA LVT License #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

VA LVT License #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

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Name: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Technician College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

VA LVT License #: \_\_\_\_\_

## Membership Region Assignment

*Please check which region you live in. Refer to the list on the  
back of this form for designated regions*

Blue Ridge: \_\_\_\_\_

Central: \_\_\_\_\_

Jefferson: \_\_\_\_\_

Northern Virginia: \_\_\_\_\_

Piedmont: \_\_\_\_\_

Southwest: \_\_\_\_\_

Tidewater: \_\_\_\_\_

## Payment Information

Member(s) Type	Quantity	Fee	Amt. Paid
New LVT Association Members		x (\$35.00)	
Renewal LVT Association Members		x (\$35.00)	
2022 New Graduates		x (\$15.00)	
Current Students <i>(list programs):</i>		FREE	FREE
TOTAL ENCLOSED			\$

### Payment:

- **Checks** may be made payable to VALVT. Mail check and this completed form to:  
**3801 Westerre Parkway, Suite D, Henrico, VA 23233**
- If paying by **credit card**, please complete the information below:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card billing street address and zip code: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

V-Code (3 or 4 digits) \_\_\_\_\_

## QUESTIONS:

**PLEASE CONTACT THE VALVT OFFICE AT:**

(T) 804-346-2611, (F) 804-346-2655 or email: [VALVTinc@gmail.com](mailto:VALVTinc@gmail.com)