



Virginia Association of Licensed Veterinary Technicians 2024 Membership Renewal Form

Name: _____
 Employer: _____
 Office Address: _____
 City, State, Zip: _____
 Practice #: _____
 Fax #: _____
 Home Address: _____
 City, State, Zip: _____
 County of Residence: _____
 Personal #: _____
 Email: _____
 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: _____

Member Type	Fee	Amt. Paid
New LVT Association Member	\$35.00	
Renewal LVT Association Member	\$35.00	
2023 New Graduate	\$15.00	
Current Student <i>(list program):</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) _____

- Renew online at: www.valvt.org

QUESTIONS:

PLEASE CONTACT THE VALVT OFFICE AT: (T) 804-346-2611, (F) 804-346-2655 or email: VALVTinc@gmail.com