# South Carolina Association of Veterinary Technicians Membership Application

Name:

Mailing address

(city) (state) (zip)

Phone: ( )

Email:

(SCAVT correspondence will be primarily via email – please write your email address clearly)

**Membership** – Please check appropriate membership (Membership expires December 31st)

Active In-State Membership ($30.00)

Applicant is licensed in S.C. and residing in the state.

S.C. License Number

Active Out of State Membership ($30.00)

Applicant is licensed in S.C. and residing outside the state.

License #

Associate Membership ($20.00)

Applicant is a graduate veterinary technician not licensed in S.C. and/or licensed veterinarian who is interested in the Association's goals.

Student Membership ($5.00)

Applicant is a full time student in an AVMA Accredited Veterinary Technology Pgm

Name of School

# Please Return Form and Dues to:

SCAVT

717 Old Trolly Rd Suite 6

PO Box 255

Summerville, SC 29485

Make checks payable to: **South Carolina Association of Veterinary Technicians**

**{Office use only: Date Received Payment type: Check# Cash }**