**South Carolina Association of Veterinary Technicians**

**Membership Application**

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

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(city) (state) (zip)

Business Name/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(city) (state) (zip)

Telephone: (Home): \_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Work): \_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell): \_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Preferred place to receive mailings:  Home  Business

**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.

 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 Program

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\_\_\_\_\_\_\_\_}**