



Virginia Association of Licensed Veterinary Technicians 2024 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: _____

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 #: _____

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)	
2023 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