


Membership Application
South Carolina Association of Veterinary Technicians
P. O. Box 1151
Pendleton, SC 29670

Name: _____ Title: _____

Home Address: _____

City, State, Zip Code: _____

Telephone: (H) _____ (O) _____

E-mail address: _____

Place of Employment: _____

Address: _____

City, State, Zip Code: _____

Please check appropriate membership.

Active In State Membership - licensed & residing in the state of SC
 SC License Number _____

Active Out of State Membership - licensed & residing outside SC
 SC License Number: _____

Associate Membership -applicant is a graduate veterinary technician
 not licensed in the state of South Carolina and/or licensed veterinarian
 who is interested in the Association's goals.

Student Membership-applicant is a full time student in an AVMA-
 Accredited Veterinary Technology Program
 Name of school: _____

Active Membership	\$20.00
Assoc. Membership	\$15.00
Student Membership	\$5.00
Membership fee due February 15th	
Make checks payable to: South Carolina Association of Veterinary Technicians	
{Office use only: Date Received _____ Payment type: Check # _____ Cash _____ }	