



Veterinary Health Care Team of Arizona Membership Application

Who Can Join?

- Assistants
- Client Service Representatives
- Educators
- Kennel Staff
- Managers
- Students
- Technicians

Annual Membership Dues

- **Active Membership: \$36**
Educators or veterinary team members including assistants, client service representatives, front office staff, kennel technicians, managers, technicians
- **Student Membership: \$10**
Individuals currently enrolled in an accredited veterinary technician/assistant program

Member Benefits

- * Professional tools for your success
- * Quality continuing education (CE) sessions
- * Professional Staff Certificate Program
- * Online Community Portal
- * Membership card with discounts to businesses & attractions
- * Monthly e-newsletter "Team Talk"
- * Annual Conference
- * Awards & recognition

Membership Information

Yes! Enroll me in the Veterinary Health Care Team of Arizona (VHCTAz) as a/an:

- Active Member Student (provide name of college) _____

I am a/an (check all that apply):

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> CVPM | <input type="checkbox"/> CVT | <input type="checkbox"/> Educator/Instructor |
| <input type="checkbox"/> Front Office Staff/CSR | <input type="checkbox"/> Kennel Technicians | <input type="checkbox"/> LVT | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Student | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Technician | <input type="checkbox"/> RVT |
| | | <input type="checkbox"/> Other _____ | |

I am licensed: State _____ License # _____

I work with: Small Animals Large Animals Equine Exotics Wildlife Zoo

I am interested in serving as a volunteer on a Veterinary Health Care Team of Arizona committee.

Contact Information

Name: _____

E-mail: _____

Practice/Clinic: _____

Practice Address: _____

City / State / Zip: _____

Practice Phone: _____ Fax: _____

Home Address: _____

City / State / Zip: _____

Home Phone: _____ Cell: _____

Where would you like us to send your mail? Home Business

Membership Dues Payment

Annual Dues: \$ _____ Credit card #: _____ Exp. Date: _____ V-code: _____

Name on credit card: _____ Signature: _____

Please fax with Visa, MasterCard, AMEX or Discover information, or mail check payable to AzVMA and return with completed application to:

100 W Coolidge St, Phoenix, AZ 85013 | Email: vhctaz@azvma.org | Ph: 602-242-7936 | Fax: 602-249-3828 | <https://azvma.org>