

Dear Program Advisor,

It is renewal time! We value the time and dedication you have provided your students to lead them into their future. We want to continue providing you with necessary support to make this happen.



Just a few reminders:

SCNAVTA chapter annual dues assessment is tiered to make membership more affordable to smaller schools. The student to dues ratio is divided into the following levels:

- \$150 (under 50 students)
- \$200 (51-200 students)
- \$400 (>201 students)

This fee includes:

- NAVTA membership dues for one graduate and/or credentialed veterinary technician who will serve as the Chapter's advisor.
- NAVTA student membership for **each** student that is an **active member** of his or her student SCNAVTA chapter. Membership includes:
 - Online members only access
 - Membership in our Social Link membership database to promote networking and interaction
 - Digital NAVTA Journal Subscription
 - Special chapter promotional materials for National Veterinary Technician Week (NVTW).

For your renewal, please submit Program Renewal Form and submit it electronically to scnavta@navta.net.

Hard copies with checks can be mailed to

NAVTA
1931 N. Meacham Rd
Schaumburg, IL 60173

Please email a copy of renewal form to scnavta@navta.net when mailing checks for faster chapter processing.

Student addition and deletions for chapters are made under chapter account. Instructions for additions and deletions will be sent with chapter renewal confirmation.

We look forward to another exciting year! Please email if you have any concerns or need assistance!

SCNAVTA RENEWAL

Name of Institution: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Email _____

Advisor Name: _____

Class Graduation Date (Month/Year): _____ Number of students in Chapter _____

Program is: On campus Online Only On campus/Online

The following information must be included with this form:

1. Affiliation Fee: Make check payable to NAVTA

\$150 (under 50 students)

\$200 (51-200 students)

\$400 (>201 students)

2. Completed renewal application for the Chapter's Advisor

3. Goals and activities for the upcoming year

Check enclosed

(Mail application and check in US Funds to: 1931 N. Meacham Rd., Schaumburg, IL, 60173)

Visa MasterCard

Card Number _____ Expiration Date _____

Cardholder signature _____

Address on Credit Card: _____ Zip _____

Application submitted by:

SCNAVTA President Signature

Date

SCNAVTA Advisor Signature

Date

STUDENT CHAPTER ADVISOR RENEWAL FORM

Name (including credentials): _____

Home Address: _____

City, State, Zip _____

Telephone: (H) _____ (O) _____ Email: _____

SCNAVTA School Name and State: _____

SCNAVTA APPLICATION CHECKLIST

- Check or Credit Card information
- Completed complimentary Advisor Renewal
 - *We will not be able to issue a complimentary membership if this form does not accompany the SCNAVTA paperwork*
 - *Advisors who pay dues separately will not receive a refund*
- Updated SCNAVTA membership form
- Goals and Activities for the year (list below)
- Number of students in the Chapter (*very important for NVTW mailing*)

STUDENT CHAPTER GOALS AND ACTIVITIES FOR THE YEAR:

1. _____

2. _____

3. _____

4. _____

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY Questions? Email scnavta@navta.net