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 this 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
750 Route 202, Suite 200
Bridgewater, NJ 08807

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: 750 Route 202, Bridgewater, NJ 08807)
☐ Visa ☐ MasterCard

Card Number __________________________ Expiration Date ________ CVV _________

Cardholder signature ______________________________________________________

Address on Credit Card: __________________________ Zip ________________

Application submitted by:

_____________________________ Date

SCNAVTA President Signature

_____________________________ Date

SCNAVTA Advisor Signature
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
  o We will not be able to issue a complimentary membership if this form does not accompany the SCNAVTA paperwork
  o 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