



## MEMBERSHIP APPLICATION 2020

Last name:		First name:		Maiden:	
Address:					
City:			State:		Zip:
Area Code	Personal Phone		Area Code	Work Phone	
Email address? ( <u>Please print clearly!</u> )					
Industry Type: Vendor _____ Research _____ University/Veterinary School _____ Government _____ Vet Tech Educator _____ Other _____					
Employer					
Address					
City:			State:		Zip:
Job Title/s:					
Graduate of Accredited School Name: _____ Year: _____					
CVT# _____		LVT# _____			
AHT# _____		RVT# _____			
LVMT: _____		VTNE Exam date: _____			
State: _____					
Years Employed in Laboratory Animal Field: _____					
Any AALAS or other certifications: _____					
Applicant is: Educator _____ Veterinarian _____ Veterinary Technician _____ Veterinary Assistant: _____ Staff: _____					
<b>IF STUDENT please fill out for Student Membership:</b> Name of School: _____ Anticipated Graduation Date: _____					

Membership status: (check one) <input type="checkbox"/> \$20 Professional Member <input type="checkbox"/> \$10 Associate Member <input type="checkbox"/> \$10 Student Member	Make check or money order payable to: SLAVT 2141 Rome Drive Apt A Indianapolis, IN 46228
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**SLAVT Mission Statement:**

To develop a network of professional veterinary technicians dedicated to the advancement of responsible and humane laboratory animal care and use to benefit humans and animals, to exchange of information and expertise in the care and use of laboratory animal and to advance by actively seeking continuing education opportunities for the members.