



Colorado Association of Certified Veterinary Technicians

Membership Application / Certification Renewal

July 1, 2008 – June 30, 2010

Please fill out one application per person (print neatly or contact the office for an electronic version).

1) Mailing information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred first name if different from above: _____ Former last name (if applicable): _____

Mailing Address (Street, Apt #): _____

City: _____ State: _____ Zip: _____

Check: Renewing Member _____ New Member _____ Address Change _____ Name Change _____

2) Please fill out completely:

Male/Female: _____ Title (circle one): CVT, DVM, VT, Assistant, Student, other _____

Home #: _____ Work #: _____ Cell #: _____

Which number would you prefer us to call (circle one)? Home / Work / Cell

E-mail: _____

By providing my e-mail, I authorize CACVT to e-mail me any pertinent information (like timely updates on events that affect me). I understand that CACVT will never give out my e-mail address to any other entity. You may always opt out any time.

How would you like your monthly newsletter delivered? **Physical Mail** or **E-mail** (please circle one)

(Note: You can change the delivery method at any time, just contact the office)

Clinic / Employment: _____

AVMA Technician School: _____ Year Graduated: _____

State in which VTNE was taken: _____ Year Tested: _____

CO Certification Number (if known) _____

(If transferring into Colorado from another state, a Colorado number will be provided.)

3) Directory display of information:

A) CACVT Web site: Members-Only area: only CACVT members will have "read-only" access.

_____ **By checking here**, I authorize CACVT to list my name, date I became a CACVT member, # CE hours on file, e-mail address (if on file), and residence (city and state only). I may opt out at any time.

B) Joint directory with the veterinarians

_____ **By checking here**, I authorize CACVT to list my name and residence (city and state only) in the Joint Directory. This is printed once a year. I may opt out for the second year (must notify the office by Feb 09).

Return completed application and check or money order (payable to CACVT) to:

CACVT
191 Yuma Street
Denver, CO 80223

If you have any questions, please contact the office at 303-318-0652 (toll free 1-866-318-0652) or at info@cacvt.com

A \$25.00 service charge will be added to all returned checks. If you wish to pay by credit card (through PayPal), please visit www.cacvt.com and select "CACVT Membership, Application Forms" or contact the office for assistance. Thank you.

4) Please select one Membership Category (unless noted, all fees are good until June 30, 2010):

** People who passed the VTNE January or June 2009, or people transferring in/joining after July 1, 2009, prices are half [it will be the price appearing in (\$xx.xx)] **

A. Active Association Membership Category: Certified Veterinary Technician*

(Individual will have full Association benefits and will be considered a CVT in good standing in the state of CO as long as meet CE requirements established by the Certification Branch.)

- () **\$120.00 (\$60.00) Active CVT** (previous CACVT member, or member testing in CO, 06/2008)
 () \$120.00 (\$60.00) Transferring into CO from another state, CVT**
 On what date did you request your scores be sent to Colorado? _____

B. Certification Only (non-association) Category: Certified Veterinary Technician*

(Individual may maintain CVT status without joining the CACVT Association as long as meet defined requirements established by the Certification Branch. Individual will have no Association benefits but will be considered a CVT in good standing in the state of CO.)

- () \$147.00 (\$73.50) CVT Status Only (previous CACVT member, or member testing in CO, 06/2008)
 () \$147.00 (\$73.50) Transferring into CO, CVT Status Only**
 On what date did you request your scores be sent to Colorado? _____

* Must meet continuing education (CE) requirements to maintain certification. Refer to CE guidelines for specifics concerning acceptance and submission of CE.

** Persons transferring into Colorado must 1) meet requirements established by the Certification Branch and 2) have their VTNE score submitted with their application (either with a personal copy or from a transfer by the American Association of Veterinary State Boards (AAVSB): 877-698-8486 or www.aavsb.org.)

C. Association Membership Category

(This category receives all the benefits of active CVT membership except for those defined by the Bylaws, but does not need to maintain CE hours as the person will not be considered certified in Colorado)

- () \$95.00 (\$47.50) Associate Member (Assistant, Receptionist, Manager, DVM, VT maintaining credentialing in another state, etc.)

D. Other

- () \$45.00 Inactive Status (only valid for beginning of certification period for active CVTs)
 (This category must be applied for by submitting a request to the Membership Committee. Please visit our Web site (www.cacvt.com) and select "CACVT Membership, Categories of Membership." Or contact the office for further details if needed. Continuing education is still required to keep this status. The title of "CVT" will not be valid during this time.)
- () \$28.00 / for 1 year Student Member (Currently attending an AVMA-accredited veterinary technology program)
- () \$28.00 / for 1 year Newsletter only
 (No additional benefits of membership are included in this category. This is ideal for animal-related organizations to receive this monthly publication.)

5) \$10.00 Discount for NAVTA / VTS Membership

- () NAVTA # _____ and/or VTS designation _____
 (Subtract \$10.00 from fee. Can only be \$10 total even if you belong to both. You must have passed the exam and be considered a VTS in good standing for this to apply.)

6) \$30.00 (\$15.00) for newsletter mailed 1st Class - add this amount to your 2-year membership dues (good until June 30, 2010) () The newsletter will be physically mailed to your home by first class mail. It will leave the CACVT office on or before the 28th of each month. (If you don't check this box, you will still receive your newsletter by normal bulk mail if you circled the "physical mail" as your preferred method of delivery).

\$_____ Total amount enclosed (contact the CACVT office if you wish to pay via credit card)

If you have any questions, please contact the office at 303-318-0652 (1-866-318-0652) or at info@cacvt.com or admin@cacvt.com. A membership kit will be mailed to you in approximately 6-8 weeks. If any of this information changes (e.g., new address, name change), it is the responsibility of the applicant to contact the CACVT office. CACVT is not responsible for mail not being delivered or improper recording of CE hours due to a name change not being reported.

Association dues may be deductible as professional or business expenses, to the extent allowable by law (please consult a tax accountant). Dues and other contributions to local, state, or national association are not deductible as charitable contributions for federal income purposes.

Thank you for your support!

Office Use Only	
Date:	
PT:	DB/MK: