



Colorado Association of Certified Veterinary Technicians

Inactive Membership Application

July 1, 2010 – June 30, 2012

Please fill out one application per person.

PLEASE READ:

You must be a member in good standing prior to applying for this category (all your required CE from the last certification period must be submitted to the office). This status will be good for this certification period only. You will have to reapply for this category at the next certification period if eligible.

A total of **8 hours of continuing education** is required between July 1, 2010 and June 30, 2012 to maintain this status (standard CE guidelines apply). The title of "CVT" will not be valid during this time. If at any time you wish to become fully activated again (active CVT category), please contact the office for details on how to proceed.

Thank you, The CACVT Membership Committee

Please Print:

First Name: _____ Middle Initial _____ Last Name _____

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

Male Female CO Certification Number (if known) _____

Address: _____

Home # _____ Work # _____ Cell # _____

Which number would you prefer us to call? Home / Work / Cell / E-mail

E-mail: _____

By providing my e-mail, I authorize CACVT to e-mail me any pertinent information (attachments will be minimized and always identified in the text). I understand that CACVT will never give out my e-mail address to any other entity.

How would you like your monthly newsletter delivered? (please check one)

Physical Mail or **E-mail** (CACVT encourages you to go "green")

(Note: *Techniques* is distributed on even months, *E-nformation* is distributed on odd months. It will automatically be sent via e-mail unless physical mail is requested. **By choosing e-mail, you will receive a \$10 e-mail coupon good for any CACVT event during this certification period.**)

Current employment _____

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 May).

Return completed application and payment 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 info@cacvt.com or admin@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/apply or contact the office for assistance. Thank you.

