



Supporting Quality
Veterinary Care

Colorado Association of Certified Veterinary Technicians Retirement Membership Application

July 1, 2010 – June 30, 2012

Please fill out one application per person (print neatly or visit www.cacvt.com for an electronic version).

PLEASE READ:

Retired members of the Association shall be those persons who have been a CVT in good standing in Colorado and are now no longer working in the field as an active CVT in any capacity. Individuals must be either over the age of 60 and/or have 20 plus years as a credentialed veterinary technician.

While there are no fees, and no CE requirements, this category must be applied for every renewal period. The initials CVT(ret) will be the distinguished designation.

The Membership Committee will oversee the requirements for this category. Members will be eligible to serve on committees or chapters, but shall not be eligible to vote or serve as officers or chairs of the Association. All other Association benefits will apply. For additional questions or comments, contact either the Membership Committee Chair or the Office Staff.

Thank you,
The CACVT Membership Committee

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: _____

2) Please fill out completely:

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

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

Which contact method do you prefer (check one)? Home / Work / Cell / e-mail

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? (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.**)

AVMA Technician School: _____ Date Graduated (mm/dd/yy): _____

State in which VTNE was taken: _____ Date Tested (mm/dd/yy): _____

CO Certification Number (if known – not mandatory if renewing) _____

3) Directory display of information:

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

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