The Society of Veterinary Behavior Technicians Membership Application

You may also register online with a credit card at www.svbt.org

Name:_____ Date: _____
First MI Last

I am a: ❒CVT ❒RVT ❒LVT ❒AHT ❒DVM ❒Student ❒ Other: _____

Address: _____

_____
City State Zip Country/Country Code

Phone: (_____)_____-_____ ❒Home ❒Cell Email: _____

Work Information:

_____ Work Phone: (_____)_____-_____
Employer

_____
Address

_____
City State Zip Country/Country Code

Membership renewal? ❒ Yes ❒ No If yes, SVBT membership number: _____

Veterinary Technology Program: _____ Grad. Date: _____

I am Credentialed as a VT in: _____ My registration/license # is: _____
State Required for Professional Membership

Would you serve on a SVBT committee? ❒Yes ❒No ❒ Maybe _____
Committee of Interest

Does your current position include work in animal behavior? ❒ Yes ❒ No Please tell us about your job:

_____

How did you hear about us? ❒Website ❒Newsletter ❒SVBT Member ❒ Conference ❒Other: _____

What would you like to gain from being a member of SVBT?

_____

What materials would you recommend to fellow technicians interested in learning more about behavior?

_____

In order to keep membership costs low and help save the environment all membership packets are sent via email. Your username and password will be included in your confirmation of membership email.

Desired password: _____

Membership Levels (please see the website for complete descriptions):

❒ **Professional Membership $45.00/year** ❒ **Student Membership $25.00/year**

❒**Subscription Membership $45.00/year**

❒ **International Memberships:** ❒Professional $55 ❒Student $35 ❒Subscription $55 (US funds only).

Send Your Completed Membership Application and Tax-Deductable Membership Dues payable to:

The Society of Veterinary Behavior Technicians
c/o Julie Urban, BA, LVT
1310 Olympic Lane
Mount Vernon, WA 98274

Applications are welcome anytime during the calendar year. Membership expires every December 31st.

Office Use Only
Membership Level: _____ Paypal: _____ Check: _____ Member #: _____ Amt.Pd: _____ Notes: _____