



SLAVT
Society of Laboratory Animal Veterinary Technicians

**MEMBERSHIP APPLICATION
2017**

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 _____	
Vet Tech Educator _____		Government _____		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: _____			
IF STUDENT please fill out for Student Membership:					
Name of School: _____					
Anticipated Graduation Date: _____					

Membership status: (check one)

\$20 Professional Member

\$10 Associate Member

\$10 Student Member

Make check or money order payable to:

SLAVT

5008 Oakbrook Drive

Apartment C

Indianapolis, IN 46254

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.