



Florida VETERINARY MEDICAL ASSOCIATION



# Applications for MEMBERSHIP

## Animal Care TECHNICIANS

### Application INFORMATION

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Clinic or Work Name (If Applicable) \_\_\_\_\_

Clinic or Work Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Work Email \_\_\_\_\_ Clinic Website \_\_\_\_\_

Preferred Mailing Address    Office    Home    Preferred Email Address    Work    Personal

### Education

*Fill out only if you have graduated from an AVMA-accredited veterinary technician program but do not qualify for technician certification.*

Name of AVMA-Accredited Veterinary Technology School\* \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Year Graduated \_\_\_\_\_ Type of Degree Conferred \_\_\_\_\_

**\*NOTE:** Must be a graduate of an AVMA-accredited veterinary technician program.

### Verification of ON-THE-JOB TRAINING

*Fill out only if you qualify for membership via on-the-job training received.*

I, (Veterinarian Name) \_\_\_\_\_, DVM, do hereby verify that  
(Applicant Name) \_\_\_\_\_ has worked in the capacity of a technician for at  
least three years.

DMV Signature X \_\_\_\_\_ Date \_\_\_\_\_

7207 Monetary Drive, Orlando, Florida, 32809

Phone: 407-851-3862 | Fax: 407-240-3710 | Email: [membership@fvma.org](mailto:membership@fvma.org) | Website: [fvma.org](http://fvma.org)



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### Personal AFFIRMATION

I, (Applicant Name) \_\_\_\_\_, affirm that I am the person referred to in this application for FVMA certification and membership. To the best of my knowledge, the information contained herein is true. I further confirm that I have never been convicted of a felony or any other crime involving moral turpitude.

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_



### Payment METHOD

**FEE: \$35** Current membership cycle is from 2023-2024. Apply today to get through Dec. 31, 2024.

Check enclosed for \$35 (made payable to FVMA)

Charge my credit card \$35

MasterCard    VISA    Discover    AMEX

Name As It Appears on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature X \_\_\_\_\_

By signing below, I acknowledge that a late fee of \$25 will be charged to any applications submitted after Dec. 31, 2023.

Signature X \_\_\_\_\_



## Congratulations and welcome TO THE FVMA!



You will receive regular correspondence from the FVMA as soon as your payment is processed. Please notify us of any changes in your name, address, or place of work so we have your latest contact information. If you have any questions, comments, or concerns please call the FVMA at 407-851-3862 or email us at [membership@fvma.org](mailto:membership@fvma.org).

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