



Florida VETERINARY MEDICAL ASSOCIATION



Applications for MEMBERSHIP

Certified VETERINARY 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

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 in order to be eligible for CVT status.



Veterinary Technician National Exam (VTNE) SCORE

I have already taken the VTNE in another state and I am having my VTNE score transferred from the American Association of Veterinary State Boards (AAVSB).*

I have already taken the VTNE in Florida on _____ .**

I have applied to take the VTNE and will have my scores sent to the FVMA.

***NOTE:** Please be sure to transfer your VTNE score to the Florida Veterinary Medical Association (FVMA).

**If you took the VTNE prior to 2018, please be sure to have your scores transferred via a VAULT transfer through the AAVSB.

7207 Monetary Drive, Orlando, Florida, 32809

Phone: 407-851-3862 | Fax: 407-240-3710 | Email: membership@fvma.org | Website: 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: \$55 Current membership cycle is from 2024-2025. Apply today to get through Dec. 31, 2025.

Check enclosed for \$55 (made payable to FVMA)

Charge my credit card \$55

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.

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