

New Jersey Veterinary Technicians and Assistants
Student Application



_____ Calendar Year applying for Student Membership

Name _____

Address _____

Street

City

State

Zipcode

Email Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Preferred Contact:

Email

Home Phone

Cell Phone

Work Phone

Letter

(please circle)

_____ I am applying for a one-year student membership.

(Applicant is enrolled in a Veterinary Technology Program, a Veterinary Assistant program or a Pre-Vet Program.)

College/University/Program: _____

Course Study/Major: _____

Please enclose the following document:

_____ Letter from Professor/Teacher attesting to enrollment in Veterinary Technology, Veterinary Assistant or Pre-Vet program.

I certify that the above application portrays a true representation of my background.

Signature _____

Date _____

Please mail completed application to: NJVTA P.O. Box 2591 Trenton, N.J. 08690