



KCRVTA Membership

Name _____

Address _____

Phone Number _____

Email _____

Do you wish to receive emails from KCRVTA? Yes No
(We do not share any personal contact info, including email)

State(s) licensed in _____

School and year graduated _____

Place of employment _____

Current area of veterinary medicine:

Small animal/Large animal/Mixed/Research/Zoo/Pharmaceutical

Other: _____

Membership is \$30.00 per year, ending each year on Dec. 31st.

Methods of payment accepted include cash, check or paypal.

Please make checks payable to KCRVTA.

Mail completed form to: KCRVTA, 7412 N. Atkins, KCMO 64152

Circle one: Renewal New Membership

Who may we thank for your referral? _____

For office use only:

Date _____ Method _____ Verified _____