

(Please Print)

A	<p><b>Home Address:</b></p> <p>Surname _____ Given names _____</p> <p>Home street address _____</p> <p>City/Town _____</p> <p>Prov./State _____</p> <p>Postal code/Zip _____ Country _____</p> <p>Home telephone # ( ) _____ Cell # ( ) _____</p> <p>Email Address: _____</p> <p>Canadian citizen: <input type="radio"/> Yes <input type="radio"/> No, country of birth: _____</p> <p>Date of entry into Canada (d/m/y) _____</p> <p>Date of entry into Manitoba (d/m/y) _____</p> <p>Date of birth (d/m/y) _____ Sex: <input type="radio"/> F <input type="radio"/> M</p> <p><b>Work Address:</b></p> <p>Work Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p>Work Telephone: _____ Work Fax: _____</p> <p>Home Telephone: _____ Cell Phone: _____</p> <p>Email address (please print): _____</p> <p>-----</p> <p>Choose work or home as your primary mailing address <input type="radio"/> Home <input type="radio"/> Work</p> <p><b>Note:</b> Your mailing address is used for MVMA communication including confidential correspondence. If one isn't provided, we default to your work address.</p>
B	<p>Did you graduate from a veterinary technologist program? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veterinary Technologist program of graduation _____</p> <p>Year _____</p> <p>Prov/State _____</p> <p>Country _____</p> <p>(Please attach a copy of your diploma)</p>
C	<p>I have completed the VTNE: _____ Passed on date (d/m/y): _____</p>
D	<p>With this application, please include a passport photo of yourself to confirm your identification.</p> <p><input type="radio"/> Check to confirm inclusion of picture.</p>

<p><b>E</b></p>	<p>Along with this application you must provide letters of standing for all jurisdictions that you have practiced in. Please list these jurisdictions below.</p> <p>I hereby authorize the jurisdictions below in which to release any pertinent information to the Manitoba Veterinary Medical Association:</p> <table border="0"> <thead> <tr> <th>Province/State</th> <th>Country</th> <th>Date (d/m/y)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>From _____ to _____</td> </tr> </tbody> </table> <p>Other qualifications if applicable (<i>Add pages as required</i>) _____</p>	Province/State	Country	Date (d/m/y)	_____	_____	From _____ to _____	_____	_____	From _____ to _____	_____	_____	From _____ to _____
Province/State	Country	Date (d/m/y)											
_____	_____	From _____ to _____											
_____	_____	From _____ to _____											
_____	_____	From _____ to _____											
<p><b>F</b></p>	<p>Place of Employment: _____</p> <p>I am:     <input type="radio"/> other (i.e.: consultant, government)</p> <p>          <input type="radio"/> not currently employed as a veterinary technologist.</p> <p>          <input type="radio"/> currently working locum(s) at this clinic(s): _____</p> <p>          <input type="radio"/> applying for Short Term membership only - start date: _____</p> <p><b>You are required to advise the MVMA of any changes to your mailing address and/or place of employment.</b></p>												
<p><b>G</b></p>	<p>Please indicate the type of MVMA Annual Registration you require:</p> <p><input type="radio"/> General Veterinary Technologist</p> <p><input type="radio"/> Restricted Veterinary Technologist (VTNE pending)</p> <p><input type="radio"/> Non-Practicing Veterinary Technologist</p>												
<p><b>H</b></p>	<p>If you are practicing in one of the following categories, please indicate practice type:</p> <p><input type="radio"/> Companion Animal           <input type="radio"/> Large Animal           <input type="radio"/> Provincial Government</p> <p><input type="radio"/> Federal Government           <input type="radio"/> Other</p>												
<p><b>I</b></p>	<p>Please indicate if you are interested in volunteering on one of the various MVMA committees or Council.</p> <p><input type="radio"/> <b>YES</b>, I am interested in volunteering. Please contact me with more information.</p>												

**J**

The MVMA Continuing Education By-law has been amended. Members are required to complete 15 hours of CE by November 30th 2016. Any additional hours (up to 15 hours) earned in 2016 can be carried forward to 2017.

*I HEREBY CERTIFY that I earned \_\_\_\_\_ credit hours of MVMA approved continuing education in 2017.*

*I HEREBY CERTIFY that I am carrying forward \_\_\_\_\_ credit hours from 2016 to be added to my 2017 total.*

Signature: \_\_\_\_\_

**K**

I understand that the provision of false information in any part of this document is Professional Misconduct.

*I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.*

Applicant signature in acknowledgement: \_\_\_\_\_

## 2017 Manitoba Veterinary Medical Association Fees

License Category	Fee	Legal	GST 5%	Total	Entitled to Vote
General Veterinary Technologist Member	93.50	10.00	4.75	108.68	Yes
Restricted Veterinary Technologist Member	93.50	10.00	4.75	108.68	Yes
Non-Practicing Veterinary Technologist Member	27.50	-	1.38	28.88	No

**\*Please note: subject to change for new graduates, there is a Seminar & Exam fee of \$75.00 that is applied at registration time. Please call our office at (204) 832-1276 Ext: 4 prior to registering.**

### Your Payment Options (MVMA GST #R107660946)

**A reminder that all fees must be received at the MVMA office May 31, 2018.**

Failure to submit fees by May 31<sup>st</sup>, 2018 shall result in a late renewal fee of \$25.00 (plus GST) levied against the member in addition to the outstanding fees. Fees paid after June 30<sup>th</sup>, 2018 you will be charged both the late renewal fee \$25.00 (plus GST) and a reinstatement fee of \$50.00 (plus GST) totaling \$75.00 (plus GST). A lapse of membership for non-payment of fees will result in ineligibility for registration and consequent loss of registration to practice.

Cheque enclosed in the amount of \$ \_\_\_\_\_ made payable to the Manitoba Veterinary Medical Association.

Credit Card Payment in the amount of \$ \_\_\_\_\_

Visa

MasterCard

Card# \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV 3-Digit \_\_\_\_\_

Signature \_\_\_\_\_

**Please complete this membership form in its entirety.  
Return this form with your cheque or Visa/MasterCard  
authorization information to:**

Manitoba Veterinary Medical Association  
1590 Inkster Blvd.  
Winnipeg, Manitoba  
R2X 2W4  
Fax: 204-832-1382



**Questions/Concerns?** Manitoba Toll-free: 1-866-338-6862 or 204-832-1276

Date of Application (d/m/y): \_\_\_\_\_ Signature: \_\_\_\_\_

Manitoba Veterinary Medical Association, 1590 Inkster Blvd. Winnipeg, MB. R2X 2W4  
Toll-free (Manitoba) 1-866-388-MVMA (6862) T: 204-832-1276 F: 204-832-1382