

A	<p><b>Home Address:</b>  Surname _____ Given names _____  Home street address _____  City/Town _____  Prov./State _____  Postal code/Zip _____ Country _____  Home telephone # ( ) _____ Cell # ( ) _____  Fax# ( ) _____  Canadian citizen: <input type="radio"/> Yes <input type="radio"/> No, country of birth: _____  Date of entry into Canada (d/m/y) _____  Date of entry into Manitoba (d/m/y) _____  Date of birth (d/m/y) _____ Sex: <input type="radio"/> F <input type="radio"/> M  *Email Address: _____</p> <p><b>Work Address:</b>  Work name: _____  Work Address: _____  City: _____ Province: _____ Postal Code: _____  Work Telephone: _____ Work Fax: _____  Home Telephone: _____ Cell Phone: _____  Email address (please print): _____</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 _____  Year _____  Prov/State _____  Country _____  (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 or a head and shoulders photo of yourself to confirm your identification.</p> <p><input type="radio"/> Check to confirm inclusion of picture.</p>

(Please Print)

<b>E</b>	<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><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 _____											
<b>F</b>	<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>												
<b>G</b>	<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>												
<b>H</b>	<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>												
<b>I</b>	<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>												

<p><b>J</b></p>	<p>The MVMA Continuing Education By-law has been amended. Members are required to complete 15 hours of CE by May 31, 2019. Any additional hours (up to 15 hours) earned in 2018 can be carried forward to 2019.</p> <p><i><b>I HEREBY CERTIFY</b> that I earned _____ credit hours of MVMA approved continuing education in 2018.</i></p> <p><i><b>I HEREBY CERTIFY</b> that I am carrying forward _____ credit hours from 2018 to be added to my 2019 total.</i></p> <p>Signature: _____</p>
<p><b>K</b></p>	<p>I understand that the provision of false information in any part of this document is Professional Misconduct.</p> <p><i><b>I HEREBY CERTIFY</b> that all of the information contained herein is true, correct and complete.</i></p> <p>Applicant signature in acknowledgement: _____</p>
<p><b>L</b></p>	<p>I understand that, as a condition of licensure, the MVMA requires that a registered Technologist member have professional liability insurance in an amount deemed reasonable by the scope of their practice. (NOTE: In some cases, professional liability insurance is carried for veterinarian technologists by the clinic owner(veterinarian). If this is not the case, professional liability insurance is the individual responsibility of the veterinary technologist). I further understand the Registrar can demand, at any time, a copy of such insurance be delivered to the MVMA office.</p> <p>Policy carrier: _____ Policy #: _____</p> <p>Expiry Date: _____</p> <p><input type="radio"/> <i><b>I HEREBY CERTIFY</b> that I am covered by a professional liability insurance policy that is current and deemed adequate by me and my insurance provider, and I shall ensure its renewal upon expiry for so long as I practice veterinary medicine in Manitoba.</i></p> <p style="text-align: center;">OR</p> <p><input type="radio"/> My scope of practice does not require professional liability insurance because (please specify why):</p> <p>_____</p> <p>Signature: _____</p>

## 2019 Manitoba Veterinary Medical Association Fees

License Category	Fee	Legal	GST 5%	Total	Entitled to Vote
General Veterinary Technologist Member	102.85	10.00	5.64	118.68	Yes
Restricted Veterinary Technologist Member	102.85	10.00	5.64	118.68	Yes
Non-Practicing Veterinary Technologist Member	30.25	-	1.51	31.76	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, 2019. \*renewal only\***

Failure to submit fees by May 31<sup>st</sup>, 2019 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>, 2019 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: \_\_\_\_\_