

**Long Island Veterinary  
Medical Association**

**\*\*\*Technician Supporter Application\*\*\*  
\$150.00 Annually**

Mail to: LIVMA, c/o SueMedia 115 Dikeman Street, Hempstead, NY 11550

State License NO. (LVT Only) \_\_\_\_\_ Date of Application \_\_\_\_\_

Name (Please print or type) \_\_\_\_\_  
(First) (Middle) (Last)

Name of Hospital or Clinic \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (County)

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
(First) (Middle) (Last)

Residence Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (County)

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

College \_\_\_\_\_ Year of Graduation \_\_\_\_\_

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**For Regional Use:** Type of Membership -- Active \_\_\_\_ Associate/Honorary \_\_\_\_  
Date Passed Ethics: \_\_\_\_\_ Date Passed Exec. Board \_\_\_\_\_  
Signature Membership Chair: \_\_\_\_\_