

# ONTARIO ASSOCIATION OF VETERINARY TECHNICIANS

## LETTER OF UNDERTAKING

I will hereby conduct myself according to the By-Laws,  
Code of Ethics and Objectives of the Association (see [www.oavt.org](http://www.oavt.org))

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Moving Date: \_\_\_\_\_

**RELOCATING FROM (PROVINCE):** \_\_\_\_\_ **TO:** \_\_\_\_\_

**ADDRESS MOVING FROM (1) :** Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**ADDRESS MOVING TO (2) :** Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I am currently residing in address **1** **2** (please circle)

Education: Formal \_\_\_\_\_

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

Location: \_\_\_\_\_

Most Recent Previous Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Employment in Ontario (if available): \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**VTNE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PROVINCE WRITTEN IN:** \_\_\_\_\_ **PES – VTNE CERTIFICATE #:** \_\_\_\_\_ **PASS/FAIL**

### FEE:

*OAVT fiscal year runs from June 1 to May 31*

**RVT Transfer Fee – \$187.46**

For credit card payments, please check one:  VISA  MASTERCARD

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Application for membership will not be processed without including appropriate fee in total.*

*Make cheque payable to the O.A.V.T. Send with application form.*

*Fee includes Membership dues, Errors and Omission Insurance, Regulatory Fee and appropriate taxes*

BN:131435703

### SUPPORT DOCUMENTATION REQUIRED: (Please include the following)

- Copy of Certification Certificate (RVT/AHT)
- Letter from current Association to verify current status

I certify the foregoing information is true and correct and I am free and clear of all encumbrances. If required, I give the OAVT permission to contact my past Association to verify the above information. I have enclosed the current fee payable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notes:

- For any cheque returned by the Bank there will be an administration fee of \$25.00 + GST
- All payments by credit card must include a signature to be valid.
- OAVT values the privacy of its members. All information collected is done so in accordance to our privacy policy

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