



Member Application – Payment Confirmation

Thank you for submitting your dues via check. Please print and return this form with check payment to confirm the name(s) of the members' dues being paid.

Mail Date: _____

Payer Name (DVM, Manager, etc): _____

Clinic Name: _____

Phone Number: _____

Email Address: _____

Member Name(s):

Check Number: _____

Thank you for your support!

Kansas Veterinary Technician Association