



Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone home/cell _____

Email: _____

Membership Type: (for explanation of types and benefits please visit www.svbt.org)

Professional: \$45 per year (credentials required)

State/Country of credential _____

Subscription: \$45 per year

Student Free for 2017! School _____ Graduation date: _____

Renewal (circle one): Professional Subscription Student

(renewal fees are equal to the membership type held)

Membership year is Dec. 31st – Dec 30th. Applications sent after October 15th will be accepted for following year. Please allow up to 4-6 weeks for activation of your membership.

Please mail your completed membership application and tax deductible dues payable to:

Jenn Fiendish SVBT

c/o RCVH

809 SE Powell Blvd

Portland, OR 97202

If you have any questions regarding membership please email: info@svbt.org.