



AVTAA Retirement Form

I, _____ certify that I have been an AVTAA member in good standing for at least 11 years. I hereby wish to transition my AVTAA membership to a retired status.

Benefits of retired member:

- Granted lifetime access to all academy business that occurs on the list serve, website and social media.
- Recertification every 5 years is waived
- Annual dues will be paid at a reduced rate set forth by the BOD.

I understand that I will no longer have voting privileges that surround academy business. Therefore, I will not be able to hold office.

I acknowledge that I will be able to keep the VTS title but will now utilize the VTS-R (Anesthesia & Analgesia) designation.

AVTAA Member

**Typing your name serves as an electronic signature

Date

AVTAA BOD Member

Date