



Associate Membership Application

Personal Information

Last Name: _____ First Name: _____ MI: _____
 Former Last Name: _____ Date of Birth: _____ Gender: _____
 Mailing Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ home office cell Email: _____

Professional Information

Degree(s): N.D / N.M.D. Certificate of Naturopathic Midwifery
 M.S. Acupuncture M.D. D.O. APRN Other: _____
 Professional School: _____ Year of Graduation: _____

Licensure Information

(Please list **all** professional licenses **currently** and **previously** held)

<u>State</u>	<u>Type of License</u>	<u>Year Licensed</u>	<u>License Number</u>	<u>Status</u>
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked

If you ever had a license to practice suspended or revoked, please explain on a separate piece of paper.

Practice Name: _____
 Practice Address: _____ City: _____ State: ____ Zip: _____
 Practice Phone: _____ Fax: _____

Please send VANP communications to: Personal address Practice address

I attest that the above information is true and complete. I understand that omitted or false information is grounds for denial or termination of membership. I have read the by-laws of the VANP and, if accepted for membership, I agree to abide by them.

Signature: _____ Date: _____

FOR VANP USE ONLY

Date Received: _____ Signed application Copy of License(s) Application fee _____
 License verification: Active Expired Date of Verification: _____
 In good status Disciplinary action/complaint Revoked
 Executive Committee Vote: _____ Approved Denied Applicant Notified: _____

Please submit the following to VANP:

1. Completed application form
2. Copies of all state professional license(s)
3. \$100 Check for Associate Membership dues, payable to the Vermont Association of Naturopathic Physicians.

Please note: Membership is renewed on January 1 of each year and dues are expected on or before that date.

Send all materials to: VANP
PO Box 4351
Burlington, VT 05406

Please call Joshua Green, ND, VANP Secretary, with questions: (802) 238-8603.