



Corporate Supporting Membership Application

Corporation Information

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number: _____ Website: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Email: _____

I have read the by-laws of the VANP and understand the rights and responsibilities of Corporate Supporting Members.

Signature: _____ Date: _____

Please submit the following to VANP:

1. Completed application form
2. A minimum \$500 check for Corporate 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

Thank you for your support!

Joshua Green, ND, VANP Secretary

(802) 238-8603

FOR VANP USE ONLY

Date Received: _____ Signed application Application fee _____

Executive Committee Vote: _____ Approved Denied Applicant Notified: _____