



# Professional 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  
 Additional Degree(s): M.S. Acupuncture Other: \_\_\_\_\_  
 Naturopathic School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Practice and License Information				
Please list <b>all</b> states where you have practiced.				
Include <b>all</b> applicable ND/NMD licenses <b>previously</b> and <b>currently</b> held.				
If you ever had a license to practice <u>suspended</u> or <u>revoked</u> , please explain on a separate piece of paper.				
State	Type of License	Year Licensed	License Number	Status
				<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
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked
				<input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked

Practice Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Practice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Practice Website: \_\_\_\_\_

VANP communications preference:  My personal address  My 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: \_\_\_\_\_

Please submit the following to VANP:

1. Completed application form
2. Copies of all state professional license(s)
3. Payment for Professional Membership fee of \$100

Payment may be made via PayPal at <http://www.vanp.org/Payments.php>

**OR** via a check 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. We do not pro-rate membership fees based on date of application because instead we offer a phased-in approach to full membership fee:*

*1<sup>st</sup>-year Professional Membership: \$100*

*2<sup>nd</sup>-year Professional Membership: \$200*

*3<sup>rd</sup>-year+ Professional Membership: \$300*

You may scan and email the application and appropriate documents to VANP Secretary,

[Dr. Courtney Bowers](#)

**OR** mail all materials to: VANP

PO Box 4351

Burlington, VT 05406

Please email question to the VANP Secretary at [drcourtneybowers@gmail.com](mailto:drcourtneybowers@gmail.com).