



## Student Membership Application

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Former Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ home cell Email: \_\_\_\_\_

### Educational Information

Naturopathic Medical School: \_\_\_\_\_  
 Program(s): \_\_\_\_\_ 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

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

***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. Copy of current student ID and official transcript
3. \$25 check for Student 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.

#### FOR VANP USE ONLY

Date Received: \_\_\_\_\_  Signed application  Official Transcript  Application fee \_\_\_\_\_  
 Enrollment verification: Date of Verification: \_\_\_\_\_  
 In good status  Disciplinary action/complaint  Expelled  
 Executive Committee Vote: \_\_\_\_\_  Approved  Denied Applicant Notified: \_\_\_\_\_