



Membership Application

Personal Information

Last Name: _____ First Name: _____ MI: _____

Former Last Name: _____ Date of Birth: _____ Sex: ___ Phone: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Professional Information

Degree(s): N.D. N.M.D. Certificate of Naturopathic Midwifery Naturopathic Medical Student
 MSAc/Dipl Ac Other: _____

Naturopathic School: _____ Year of Graduation: _____

Other professional or specialty training: _____

Licensure Information

(Please list all professional licenses currently and previously held)

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

Have you ever had a license to practice suspended or revoked? Yes No

If yes, please explain on a separate piece of paper.

Practice Name: _____

Practice Address: _____

City: _____ State: ___ Zip: _____ Website: _____

Practice Phone: _____ Fax: _____ Email: _____

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

Degree verification: Written Verbal (Registrar) Date of Verification: _____

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.
 - a) Copies of state license(s) – *if currently licensed naturopathic physician*
 - b) Official copies of NPLEX scores and diploma – *if unlicensed naturopathic physician*
 - c) Copy of current student ID and official transcript – *if naturopathic medical student*
3. Check for application fee payable to the Vermont Association of Naturopathic Physicians:
 - a) Student Membership: \$25 (non-voting)
 - b) Regular Membership: \$150
 - c) Associate Membership: \$50 (non-voting)
 - d) Supporting Membership: \$50 (non-voting)

Send all materials to: VANP

PO Box 185
Hartland, VT 05048

Please call Becky Chollet, ND, Secretary of VANP, with questions: 802-436-3800.