



Associate Membership Application 2021

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				
<i>Please list all states where you have practiced.</i>				
<i>Include all applicable ND/NMD licenses previously and currently held.</i>				
<i>If you ever had a license to practice <u>suspended</u> or <u>revoked</u>, please explain on a separate piece of paper.</i>				
Please attach a CV if your practice locations below do not reflect your entire employment history since graduation.				
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

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.

Signature: _____ Date: _____

We thank you for your interest in the Vermont Association of Naturopathic Physicians. If you have any questions about the application process, you may contact the VANP Executive Director, Baron Glassgow, at 480-921-3088 or at director@aznma.org.

To complete your membership application, please submit the following to VANP:

1. Completed and signed application form (page 1)
2. CV, if required
3. Payment for Associate Membership fee of \$150*

Payment may be made via

- a) **PayPal** at <http://www.vanp.org/Payments.php>
(be sure to select Associate Member \$150 USD)
- b) **Check** payable to the Vermont Association of Naturopathic Physicians mailed with your application.

Your application may be submitted by:

- a) **email** to VANP Executive Director, [Baron Glassgow](#)
- b) **fax** to 888-430-7530
- c) **mail** to VANP
PO Box 4351
Burlington, VT 05406

****Please note:** VANP membership is renewed on January 1st of each year and dues are expected on or before that date, regardless of the month your membership application is approved.*

We will contact you directly if your application is incomplete or requires clarification. We appreciate your patience as it may take us up to a month to process your application and notify you accordingly.

Sincerely,

Membership Committee

Vermont Association of Naturopathic Physicians