



Student Membership Application

Personal Information

Last Name: _____ First Name: _____ MI: _____

Former Last Name: _____ Date of Birth: _____ Gender: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ cell home Email: _____

Educational Information

Naturopathic Medical School: _____

Program(s): _____ Expected Year of Graduation: _____

LICENSE INFORMATION

Please list **all** states where you have practiced as a health care provider.

Include **all** applicable licenses **previously** and **currently** held.

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

Please attach a CV if your practice locations below do not reflect your entire health care employment history.

| <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 |
| | | | | <input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked |
| | | | | <input type="radio"/> Active <input type="radio"/> Expired <input type="radio"/> Revoked |

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
2. CV, if required
3. Payment for Student Membership fee of \$25*

Payment may be made via

- a) **PayPal** at <http://www.vanp.org/Payments.php>
(be sure to select Student Member \$25 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 application was 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