Vietnamese Physician Association of Northern California

1009 East Capitol Expressway, # 307, San Jose, CA 95121

Membership Application

Last Name	Middle Name	First Name
□ M.D.	□ D.O.	□ Others (PhD, MPH)
Preferred Mailing Address		
Phone (Work)	Cell phone	
California license number	Email	
Medical School		Years
Internship Training		Year
Residency Training/Specialty		Years
Fellowship Training/Subspecialty		Years

I hereby apply for membership to the Vietnamese Physician Association of Northern California (VPANC). I pledge to follow the rules and regulations set forth in the Bylaws of the Association. I also pledge to pay my annual dues on a timely basis. I understand that I can only vote if I pay my dues.

Annual Dues (January- December): $200.00 for practicing physician; $100 for resident & retired physician	_____

Please make the check payable to VPANC and mail it to the address above.

Signature_____ _____ Date_____

New membership approval is pending endorsements from two active members of the Vietnamese Physician Association of Northern California (VPANC).

Application endorsed by:

Name:	Signature:
Name:	Signature: