

MEMBERSHIP APPLICATION For Residents

Eligibility:

1. Live or practice in any of the following Virginia counties, or the cities contained within these counties: Albemarle, Augusta, Rockingham, Greene, Orange, Louisa, Fluvanna, Buckingham, or Nelson
2. Active or inactive Virginia or other most recent state medical license in good standing. (medical license not required for Associate Members)

Categories:

Active Member (any one or more of the following criteria are met):

1. Hold an active Virginia medical license
2. Are in post-graduate medical training at University of Virginia
3. Serve as a medical officer in the US military or for the public health service

Associate Member:

Interest in medical matters makes election fitting and supported by a majority of members in a formal vote

Dues:

1. Annual assessment is \$75 including membership from the start of the fiscal year in September. Payment may be made major credit card via website or by check.

Provide Contact and License Information (Please print clearly):

Full Name & Title _____

Preferred Mailing Address (specify home or office): Office Home

Street address _____

City _____ State _____ Zip code _____

E-mail 1 _____ Phone 1 _____ Office Home Mobile

E-mail 2 _____ Phone 2 _____ Office Home Mobile

VA medical license # _____

Alternate license # _____ State _____

Signature: _____ **Date (M/D/Y):** _____

Office Use Only

Medical license verified Accepted Not accepted