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P. O. Box 1411

Charlottesville, VA 22902

(434) 234-4607

Email: ACMSExecutiveSecretary@gmail.com

www.acmsvirginia.org

**MEMBERSHIP APPLICATION for Residents**

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**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.
2. Payment may be made major credit card via website or by check.

**Provide Contact and License Information** (Please print clearly):

Full Name & Title/Specialty

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