



VMSNA 2018 Annual Membership Application

Please complete form and send with your payment to:

Vietnamese Medical Society of Northeast America, Inc.

(VMSNA)

PO Box 4971.

Falls Church, VA. 22044.

Date : _____

Name: _____

Address: _____

Contact Tel No. _____

Email: _____

Specialty: _____

Current Type of Practice: () Solo () Group () Private Practice

() Academic () Other

Membership dues: () 2018 Dues Check # _____ Date received: _____

() \$100.00 - Member currently in practice

() \$30.00 - Resident/Fellow/Student/ Retiree

() \$1,000.00 - Lifetime Membership