



MEMBERSHIP/RENEWAL FORM

Vietnamese American Healthcare Professionals Association of Georgia

All prospective members of VAHPAG are required to complete this registration form. Indicate any changes; Membership runs from Jan 1st-Dec 31st. ☐ **NEW MEMBERSHIP** ☐ **RENEWAL** ☐ **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

CREDENTIAL(S)	<input type="checkbox"/> MD/DO <input type="checkbox"/> DMD/DDS <input type="checkbox"/> PHARMD <input type="checkbox"/> PHD <input type="checkbox"/> PA/NP <input type="checkbox"/> MPH <input type="checkbox"/> RN <input type="checkbox"/> _____		
NAME			
SPOUSE NAME		MAIN TELEPHONE	
ADDRESS 1		WORK TELEPHONE (if different)	
ADDRESS 2		HOME TELEPHONE	
CITY		MOBILE PHONE	
ZIP CODE		PRIMARY EMAIL	
JOB TITLE:		SECONDARY EMAIL	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership for Healthcare professional	\$100	
STUDENT/RETIRED	Professional Students and Retired Members	\$50	
AFFILIATE	Affiliate membership is open to all Healthcare professional's objectives or whoever wish to help advance but cannot become full members (restricted from voting, holding office or chairing committees)	\$100	
DONATION	Make a Donation today to support VAHPAG Mission	\$	
PAYMENT METHOD	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (online payment at vahpag.org)		

SECTION 3: MEMBER INFORMATION

HOBBIES:
Member VAHPAG: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive VAHPAG membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Member of other organization(s)?
Do you subscribe to the VAHPAG e-news? YES <input type="checkbox"/> or NO <input type="checkbox"/> If no, would you want to be subscribed? Y <input type="checkbox"/> N <input type="checkbox"/> (provide e-mail address if not listed):
Please indicate if you would be willing to serve on a committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Permission to use Personal information & photographic images: Photographs of VAHPAG members may be used in various VAHPAG communications incl. the newsletter and website. Personal information, such as, name, credential, specialty, contact number, and email address, provided in this membership application will be included in VAHPAG's Member Directory. Please indicate your permission for use: _____ VAHPAG has my permission to use my photographs & personal information to be include in Member Directory. _____ VAHPAG does not have permission to include my photographs, personal information, etc. in Member Directory. _____ VAHPAG must contact me before using any identified photographs of me in VAHPAG communications.

Date: _____ **Signature** _____

To pay online: Go to VAHPAG.COM or contact Brian Pham, PharmD. 770.653.0340

To pay by check: Send a check made payable to VAHPAG attn: Dr. Long Nguyen, 1670 McKendree Church Rd. Bldg 800. Lawrenceville, GA 30043. Regardless of payment method used, please **make sure to email a copy of your membership form to vahpag@gmail.com** or send it to the office address above.