



# MEMBERSHIP/RENEWAL FORM

## Vietnamese American Healthcare Professionals Association of Georgia YEAR 20\_\_\_\_\_

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

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

\*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
<b>FULL</b>	Full Membership for Healthcare professional	\$100	<input type="checkbox"/>
<b>STUDENT/RETIRED</b>	Professional Students and Retired Members	\$50	<input type="checkbox"/>
<b>AFFILIATE</b>	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)	\$80	<input type="checkbox"/>
<b>DONATION</b>	Make a Donation today to support VAHPAG Mission	\$	<input type="checkbox"/>
<b>PAYMENT METHOD</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<b>TOTAL:</b>	

### SECTION 3: MEMBER INFORMATION

<b>HOBBIES:</b>
<b>Member VAHPAG:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Would you like to receive VAHPAG membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Member of other organization(s)?</b>
<b>Do you subscribe to the VAHPAG e-news?</b> 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 <b>serve on a committee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
<b>Permission to use photographic images:</b> Photographs of VAHPAG members may be used in various VAHPAG communications incl. the newsletter and website. Group photographs taken at VAHPAG events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ VAHPAG has my permission to use and identify photographs of me. ____ VAHPAG does not have permission to use and identify photographs of me. ____ VAHPAG must contact me before using any identified photographs of me in VAHPAG communications.

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**To pay online:** Go to <https://vahpag.com> or contact Brian Pham, PharmD. 770.653.0340.

**To pay by check:** Send a check made payable to VAHPAG attn: Brian Pham, 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](mailto:vahpag@gmail.com)** or send it to the office address above.