



Vietnamese Association of
PHYSICIANS, DENTISTS & PHARMACISTS
of Florida

HỘI Y NHA DƯỢC SĨ VIỆT NAM TẠI FLORIDA

1995 Erving Circle, Apt 208

Ocoee, FL 34761

www.ynd-fl.org

2021 Annual Membership Application

Note: Membership is based on Calendar year from Jan through Dec

Last Name _____ Middle _____ First _____
Professional Designation MD DO DMD DDS PharmD OD Other: _____
Specialty _____

Mailing Address _____

Phone _____

Email: _____

Membership Dues	Tax Deductible Donations (Community Service, Magazines, CE courses, YND events)
<input type="checkbox"/> \$85 - One Year dues	<input type="checkbox"/> \$10
<input type="checkbox"/> \$210 - Three Year dues	<input type="checkbox"/> \$20
<input type="checkbox"/> Waived - Retired	<input type="checkbox"/> \$50
	<input type="checkbox"/> Other \$ _____
TOTAL	

I am paying by Check Credit Card

Credit Card Payment Visa MasterCard

Name on Card: _____

Card Number: _____

Expiration Date: ____/____

Signature: _____

CVC (3 digit # on back of card): _____

Amount: \$ _____

Date: _____

Please make check payable to **VAPDP-FL** and mail to the following address:

Kathlyn Tran, D.D.S

1995 Erving Circle, Apt 208

Ocoee, FL 34761

Email: kathlyn2017@yahoo.com

661-472-7131

Thank you for your support!