

CURRENT / NEW MEMBER INFORMATION

Current members only need to submit this form if their clinic affiliation or contact information has changed. New members should complete and submit the registration form to be included in our email distribution list. No payment is required until our dinner meeting schedule for Fall 2021 has been confirmed.

Please Print:

Name _____

Email Address _____

Hospital / Work Affiliation _____

Work Phone _____ Cell Phone _____

Preferred Mailing Address _____

City / State / Zip _____

Email completed form to: **NOVAVMA@AOL.COM** • Or mail form to: **NVMA • P.O. Box 710477 • Oak Hill, VA 20171**