

2022 1/2 YEAR MEMBERSHIP FORM

NEW MEMBER • RENEWAL INFORMATION

ONE FORM FOR EACH MEMBER • PLEASE PRINT ALL INFORMATION • MEMBERSHIP INCLUDES
DINNER MEETINGS IN SEPTEMBER & NOVEMBER)

YES, I will attend the Sept. 28th dinner _____ NO, I cannot attend the Sept. 28th dinner _____

Name _____

Email Address (REQUIRED) _____

Hospital / Office _____

Office Phone _____ Cell Phone _____

Preferred Mailing Address _____

City / State / Zip _____

Recent Graduate (after 1/1/18) • \$65 Recent Grad • Year Graduated _____

1/2 Year Membership • \$135 check: Total Amount Enclosed _____

Checks Payable to: NVVMA • Mail to: NVVMA • P.O. Box 710477 • Oak Hill, VA 20171

**INFORMATION FOR CREDIT CARD PAYMENTS ONLY (VISA•MasterCard•Discover•American
Express)**

Name on Card _____

Card Number _____

Exp. Date (mm/yy) _____ Security Code (3 digit or 4 digit for AmEx) _____

Billing Address _____

City / State / Zip _____

Return by Email to NOVAVMA@AOL.COM, or Mail to:

NVVMA • P.O. Box 710477 • Oak Hill, VA 20171

Questions: Please email or call / text 703-733-0556