

# 2024 YEAR MEMBERSHIP FORM

ONE FORM FOR EACH MEMBER • PLEASE PRINT ALL INFORMATION

MEMBERSHIP IS NON-TRANSFERRABLE

MEMBERSHIP INCLUDES 4 DINNER MEETINGS ON FEBRUARY 28, May 14 (SOCIAL DINNER (@ plus 1), SEPTEMBER 17 & NOVEMBER 21)

YES, I will attend the Feb. 21st dinner \_\_\_\_\_ NO, I cannot attend the Feb. 21st dinner \_\_\_\_\_

Name \_\_\_\_\_

Email Address (REQUIRED) \_\_\_\_\_

Hospital / Affiliation \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Recent Graduate (after 1/1/19) • \$150 Recent Grad • Year Graduated \_\_\_\_\_

**2024 Year Membership Fees: Before 2/5/24: \$290; After 2/5/24: \$320**

Check or Credit Card: Total Amount Submitted / Enclosed \_\_\_\_\_

**Please use online credit card payment process or make checks payable to:**

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

**ONLY INCLUDE CREDIT CARD INFORMATION IF NOT PAYING ONLINE  
(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](mailto:NOVAVMA@AOL.COM), Fax to 703-742-8745 or Mail to: NVVMA  
• P.O. Box 710477 • Oak Hill, VA 20171**

**Questions: Please email [novavma@aol.com](mailto:novavma@aol.com), or call / text 703-733-0556**