



**Vietnamese Physician Association of Northern California**  
**1009 E. Capitol Expressway #307, San Jose, CA 95121**  
**Renewal Membership Application**



☐ **Change in Contact Information**

Last Name	Middle Name	First Name
<input type="checkbox"/> M.D.	<input type="checkbox"/> D.O.	<input type="checkbox"/> Others (PhD, MPH)
Preferred Mailing Address		
Phone (Work)	Cell Phone	
California license number	Email	

I hereby apply for membership renewal to the Vietnamese Physician Association of Northern California (VPANC). I pledge to follow the rules and regulations set forth in the Bylaws of the Association. I also pledge to pay my annual dues on a timely basis. I understand that I can only vote if I pay my dues.

Annual Dues (January-December): \$100.00 for practicing physician; \$50 for resident & retired physician	_____
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Please make the check payable to VPANC and mail it to the address above.

Signature\_\_\_\_\_ Date\_\_\_\_\_