



VIETNAMESE PHYSICIAN ASSOCIATION of SOUTHERN CALIFORNIA

<http://VPASoCal.com>

One life to share. One family to love. One community to serve.

MEMBERSHIP APPLICATION

Type of Membership:

- Lifetime (\$1,000 one time payment) Annual (\$100 per year)
 Retired (\$50 per year) Associate (non-California physician - \$100 per year)
 Honorary / Affiliate (non-physician) / Resident / Fellow / Medical Student (FREE)

Name: _____ MD / DO
(circle one)

Medical School: _____ Year of Graduation: _____

Specialty: _____ Physician License #: _____

Business Address: _____
(street)

_____ (city) _____ (state) _____ (zip code)

Business phone: _____ Cell phone: _____

Email address: _____ Birth month / date: _____
(do not write year)

Spouse's Name: _____

Spouse's Occupation: _____ Cell phone: _____

Email address: _____ Birth month / date: _____
(do not write year)

Why do you want to join VPASC ?

(applicant's signature)

(date)

Make check payable to VPASC and mail along with application to:
VPASC, c/o Luan Nguyen, MD at 18080 Beach Boulevard, Suite 105, Huntington Beach, CA 92648