



P.O. BOX 15418
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SERVICE@NAVAPD.ORG

Membership Application Form

Please complete and return to NAVAPD with your check
or confirmation of payroll deduction

Name

Street Address

City, State ZIP

Specialty

VA Facility (Identify if VAMC, CBOC, VISN)

Academic Affiliation

Facility Station Number

Academic Title

Office Title

Home Phone

Home Fax

Mobile Phone

Office Phone

Office Fax

Home Email

VA Email

SIGNATURE

What is your status with the VA? Full Time VA Retiree (Year Retired ____) Resident Providing Fee Based Services
If part time, hours per pay period _____

DUES

Fulltime VA = \$160 Physicians and Dentists working less than 1/2 time = \$100 Retirees = \$80 Residents and Fellows = \$45

Fee Basis Physicians and Dentists = \$160 Lifetime Membership = \$1,500

Check is enclosed Paying by payroll deduction system (please complete form on reverse and take a copy of it to your payroll office)

Contributions or gifts to NAVAPD are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.