

ACUPUNCTURE  
SOCIETY OF VIRGINIA



You must provide current personal information for ASVA mailings. This is confidential and will not be shared with the public.

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home or Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Your professional information that will appear on the ASVA website (www.acusova.com)

Name \_\_\_\_\_  
Degrees (M.Ac., L.Ac.) \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Annual Membership begins with the date of payment and is valid for one year.

\_\_\_\_\_ Student member or 1st year graduate (\$100.00)

\_\_\_\_\_ All licensed acupuncturists (\$170.00)

(Please check one) New member \_\_\_\_\_ Renewing member \_\_\_\_\_

I certify that I am a licensed acupuncturist.

Name \_\_\_\_\_ Date \_\_\_\_\_

license # \_\_\_\_\_ State \_\_\_\_\_

Please make your checks payable to ASVA

Please return this form with your check to:

ASVA, 2308 Mount Vernon Ave #218, Alexandria, VA 22301

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Paying with credit card:

CC# \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address \_\_\_\_\_

\*This portion of form will be detached and shredded after your information is entered\*