

Acupuncture Society of Virginia
Membership Form

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 _____

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)

I certify that I am a licensed acupuncturist in the Commonwealth of Virginia.

Name _____ Date _____ VA license # _____

Please return this form with your check in the enclosed preaddressed envelope to:

Acupuncture Society of Virginia
2308 Mount Vernon Ave #218
Alexandria, VA 22301