

ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

MEMBERSHIP APPLICATION FORM

Please fill in all areas that are applicable. Write "n/a" in the rest

Preferred mailing address:

Office

Home

APPNA #:

office use only

Personal Information

Name:

Last

First

Middle

Office Address:

City

State

Zip

Home Address:

City

State

Zip

Office Phone:

Home Phone:

Office Fax:

Home Fax:

E-Mail:

Alternate E-mail:

Medical College:

Year Graduated:

Professional Information

Academic Appointment (if any):

Institution:

Department:

Primary Specialty:

Secondary Specialty:

Eligibility*

Licensed:

State of Licensure

License Number:

Non-Licensed: check one of the followings,

Academics/ Teaching

Clinical Research

Physician-in-Training

Healthcare Management

Public Health

***Copy of valid license or proof of involvement in healthcare area must accompany with this form to become a member eligible to vote**

Membership Please choose the category that applies

Annual Member

January 1 – December 31

\$125.00

U.S. \$

Lifetime Member

\$1,875.00

U.S. \$

Physicians In Training

Dues exempted on submission of job contract or confirmation letter from the program director

Emeritus Member

Dues exempted on submission of a personal letter stating retirement from the profession

Student Member

Dues exempted on submission of written proof of enrolled in an accredited institution in N. America

Affiliate Member

January 1 – December 31

\$62.50

U.S. \$

Alumni Dues (Optional) Please check the appropriate Alumni

King Edward

Annual \$50.00

Lifetime \$1,000.00

U.S. \$

Sindh

Annual \$25.00

Lifetime \$250.00

U.S. \$

Aga Khan Allama Iqbal Dow Fatima Jinnah Khyber Liaquat

NAMA

Nishtar Punjab Quaid-I-Azam Rawalpindi

Annual \$50.00

Lifetime \$500.00

U.S. \$

Total Payment Enclosed

U.S. \$

CHECK AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Card Number:

Expiration

Date:

Signature:

Declaration: I declare that above information is true, correct and complete to the best of my knowledge, and that I have read and fulfill all requirements to be an APPNA member.

Signature:

Date:

Mail of Fax this form to:

APPNA - 6414 S. Cass Ave. Westmont, IL 60559

Phone: (630) 968-8585 ♦ Fax: (630) 968-8677 ♦ E-mail: info@appna.org ♦ Web: www.appna.org