



Association of Physicians of Pakistani descent of North America
 Punjab Medical College Alumni Association of North America
PMCAANA



**Membership Application/ Membership Renewal
 Database update Form 2017**

Basic data

Member Name*: _____

Spouse Name: _____
First Middle Last

Address*: _____
Street address Apt. #

City State Zip Code

Medical College of Graduation: _____
 Graduation Year: _____
 Academic Appointment: _____
 Primary Specialty: _____
 Secondary Specialty: _____
 Practice: _____ Solo _____ Group _____ Hospital

Family data

Contact data

	Children				Email*:	Preferred (Y/N)
	First	Last	Age	Gender		
1					Phone (H)*:	
2					Phone (C):	
3					Phone (W):	
4					Fax:	

* Required information

Check the type of membership desired

Life time Membership	US \$500.00	
Annual Membership - active members	US \$ 50.00	Can vote and hold office
Associate Members	US\$ 25.00	Non-physician PMC graduates Cannot vote and will not be eligible to hold office
Physicians in training	Exempt	Can vote but will not be eligible to hold office. Dues exempt only with confirmation letter from program director or copy of contract

**Annual dues are for Calendar year (January 1 – December 31)

PAYMENT must be made by a check. Please do not send cash

Please make checks payable to APPNA-PMC Alumni and mail to:
 7360 Stone Gate Drive, New Albany OH 43054

(Xerox copies of this form will be accepted)

For office use

Check # _____

Amount: _____

Date received: _____

Date Processed: _____