



APPNA
Association of Physicians of Pakistani-
descent of North America

2016 MEMBERSHIP APPLICATION

Please fill in appropriate circles below

New Membership Renewal

Personal Information

Please use capital letters and print legibly

First Name _____ Middle Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell _____ Email _____

Business/Organization Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Preferred Mailing Address: Office Home

Information Release (APPNA's ability to use your name/likeness in PR, advertising or other means promoting APPNA) : Yes No

Please add me to No-Call/No-Fax list Please add me to No Email list

Please add me to your email list so I can receive notices of events and other announcements from APPNA

Do not add me to your email list.

For Licensed Physicians Membership Eligibility

A: Documentary Proof: Please attach copy of current/unrevoked license to practice in North America.

Medical M.D. D.O.

Medical College _____

Year Graduated _____

Primary Specialty _____

Secondary Specialty _____

Institution _____

Department _____

State of Licensure _____

License # _____

License Expiration Date _____

Dental D.D.S. D.M.D.

Dental College _____

Year Graduated _____

Primary Specialty _____

Secondary Specialty _____

Institution _____

Department _____

State of Licensure _____

License # _____

License Expiration Date _____



APPNA

Association of Physicians of Pakistani- descent of North America

Membership dues apply for one calendar year (January 1- December 31) and are subject to change.

For voting eligibility, Dues must be paid by July 7th, 2016 and membership must be approved.

Payment is just the first step of the approval/renewal process. Make certain all your application/renewal documentation is up-to-date: medical license current and unrevoked, and those that do not use medical license we have current documentation necessary for your approval process.

Membership Eligibility {Non-licensed physicians}

B. Information of non-licensed physicians

Documentary Proof - please attach one of the following:

1. Employee- Letter from Employer confirming position title and job duties
2. Self employed- Copy of Articles of Incorporation of a healthcare enterprise
3. Physicians-in-training- Signed letter from the program director (no offer/match letters) or copy of current signed contract
4. Students- Letter from admissions office or department advisor showing current student status

Note: Applicants not meeting eligibility criteria A/B noted above may apply for an Associate Membership and enjoy all member privileges except for voting in APPNA elections.

Membership Category and Dues (check which applying for)

Membership Category	Membership Duration	Dues	Amount Paid
Lifetime Membership (Voting)	Lifetime	\$1875.00	
Active (Annual) Membership (Voting)	Jan. 1 - Dec. 31	\$125.00	
Affiliate Membership	Jan. 1 - Dec. 31	\$62.50	
Associate Membership	Jan. 1 - Dec. 31	\$25.00	
Physicians-in-training*	Jan. 1 - Dec. 31	Dues exempt *(After paying Annual dues, will become active Physician in training voting member)	
Emeritus Membership	Jan. 1 - Dec. 31	Dues exempt	
Student Membership	Jan. 1 - Dec. 31	Dues exempt	

Alumni Dues (optional) please check the appropriate alumni

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Aga Khan University+ | <input type="checkbox"/> Allama Iqbal Medical College | <input type="checkbox"/> Baqai Medical College | <input type="checkbox"/> Caribbean Medical College |
| <input type="checkbox"/> Dow Medical College | <input type="checkbox"/> Dental APPNA | <input type="checkbox"/> Fatima Jinnah Medical College | <input type="checkbox"/> Khyber Medical College |
| <input type="checkbox"/> King Edward Medical College | <input type="checkbox"/> Liaquat Medical College | <input type="checkbox"/> Nishtar Medical College | <input type="checkbox"/> Jinnah Sindh Medical University |
| <input type="checkbox"/> Punjab Medical College | <input type="checkbox"/> Quaid-e-Azam Medical College** | <input type="checkbox"/> Rawalpindi Medical College ¹ | <input type="checkbox"/> Other |

Alumni Annual Membership \$50.00 _____ Dental APPNA Membership \$50.00 _____

Alumni Lifetime Membership \$500.00 _____ Dental APPNA Lifetime Membership \$500.00 _____

**Alumni Annual Membership \$25.00 _____

**Alumni Lifetime Membership \$250.00 _____

+ Aga Khan University Medical College, please contact directly



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Yes! I would like to make a general donation to support APPNA \$ _____

Total of Page 2 \$ _____

Total of Page 3 \$ _____

Grand total \$ _____

Payment is just first step in the application/renewal process. Your documentation/payment must go through a final approval process with the membership committee before you can be approved/re-approved. You will receive email notification if further documentation is needed or if you have been approved.

Declaration

I declare that I have read and I fulfill all requirements to become an APPNA Member. I declare that the information contained in this application is true, correct and complete to the best of my knowledge.

Signature _____

Date _____

Payment Method

Check

Check Number _____

Amount _____

Credit Card: check which type using

American Express (has 4 digit security code)

Discover

MasterCard

Visa

Amount _____

Name on Card _____

Card number _____

Expiration Date _____

Security Code _____

Signature _____

3% non-refundable processing charges will be added to all credit/debit card transactions

Special Conditions

Third-Party Payment:

APPNA does not accept membership fee from an individual or entity other than the applicant, except in the case of spouse, children, siblings or employer.

Voting Privilege

All applications are subject to a process of verification and certification. Missing or inaccurate documentary proof can delay or eliminate you from the years voting rolls. To be eligible to vote payment and membership approval must happen by July 7, 2015.

Voter Privacy

Members who desire to be put on No-Call/No-Fax list to avoid campaign relating communication should notify APPNA by filling in the circle on Page 1.

Membership Year

Membership year shall be from January 1 to December 31. All membership types except Lifetime expire on December 31st, regardless of when you became a member.

Mail this form to:

APPNA

6414 South Cass Avenue

Westmont, IL 60559

Phone: 630-968-8585 ext 106

Fax: 630-968-8677

Email: membership@appna.org