



APPNA 2017 MEMBERSHIP APPLICATION

| | | | | | | | | | |
|---|--|--------------------|-------|---|---------------------|---------------------------|------|--------|--------|
| <input type="radio"/> NEW MEMBERSHIP | | | | <input type="radio"/> RENEWAL | | | | | |
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | | | | |
| | | | | | | | | | |
| EMAIL | | | | PLEASE ADD ME TO THE <u>NO</u> E-MAIL LIST. | | <input type="radio"/> YES | | | |
| | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | |
| CITY | | | STATE | | | ZIP | | | |
| PREFERRED PHONE | | | | PLEASE ADD ME TO THE <u>NO</u> CALL/NO FAX LIST. | | <input type="radio"/> YES | | | |
| | | | | | | | | | |
| BUSINESS / ORGANIZATION NAME | | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | | |
| CITY | | | STATE | | | ZIP | | | |
| | | | | | | | | | |
| MEDICAL LICENSE & EDUCATION INFORMATION | | | | | | | | | |
| MEDICAL COLLEGE | | | | | YEAR GRADUATED | | | | |
| PRIMARY SPECIALTY | | | | SECONDARY SPECIALTY | | | | | |
| COPY OF MEDICAL LICENSE MUST BE ATTACHED. | | STATE OF LICENSURE | | | TYPE | M.D. | D.O. | D.D.S. | D.M.D. |
| | | | | | | | | | |
| LICENSE NUMBER <i>(IF NOT LICENSED PLEASE SEE PAGE 2.)</i> | | | | | LICENSE EXPIRY DATE | | | | |

2017 APPNA MEMBERSHIP INFORMATION

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

All memberships (except for lifetime) expire on December 31 of given calendar year.

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.

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.

VOTING ELIGIBILITY

Dues must be paid by July 7th, 2017 and membership must be approved.

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, 2017.

MEMBERSHIP ELIGIBILITY | NON-LICENSED PHYSICIANS

| | | | | |
|--|--|--|--|--|
| <p>Documentary proof required. <i>Please attach one of the following:</i></p> | <p>Employee: Letter from employer confirming position title and job duties.</p> | <p>Self-employed: Copy of Articles of Incorporation of a health enterprise.</p> | <p>Physicians-In-Training: Signed Letter from program director or copy of current, signed contract. Offer/match letters will not be accepted.</p> | <p>Students: Letter from admissions office/department advisor showing current student status.</p> |
|--|--|--|--|--|

MANDATORY 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.

PRINTED
NAME

SIGNATURE

DATE

APPNA 2017 MEMBERSHIP | PAYMENT

Third-Party Payment

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

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.

PART I | APPNA MEMBERSHIP DUES | CIRCLE ONE

| | | | |
|---------------------------------------|-------------|--|-------------|
| Lifetime Membership [Voting] | \$1875 | Annual Membership [Voting eligible] | \$125 |
| Affiliate Membership [Non-voting] | \$62.50 | Associate Membership [Non-voting] | \$25 |
| Physician-In-Training [Non-voting] | Dues exempt | Physician-In-Training [Voting eligible] | \$125 |
| Emeritus [Non-voting] | Dues exempt | Student [Non-voting] | Dues Exempt |

PART II | ALUMNI MEMBERSHIP DUES

| | | | | |
|---------------------|-------|--------|--|---|
| Annual Membership | \$50 | NOTES: | Aga Khan University – Unavailable, please contact school directly. | Quaid-e-Azam Medical College alumni fee is \$25/year |
| Lifetime Membership | \$500 | NOTES: | Aga Khan University – Unavailable, please contact school directly. | Quaid-e-Azam Medical College alumni fee is \$250 for lifetime. |

Yes, I would like to join:
(please write school)

PAYMENT METHOD

| | | | | | |
|---------|------|------------------------------|---|--|---|
| CHECK # | | PLEASE MAIL CHECK & FORM TO: | APPNA 6414 South Cass Avenue Westmont, IL 60559 | | |
| AMEX | VISA | MC | DISCOVER | PLEASE EMAIL OR FAX FORM & CREDIT CARD PAYMENT TO: | membership@appna.org Fax: 630-968-8677 |

A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE ADDED TO ALL CREDIT/DEBIT CARD TRANSACTIONS.

| | | | | |
|----------------------------|----|-----|--|------------------|
| TOTAL (PART I & PART II) | \$ | | | |
| CARDHOLDER NAME | | | | |
| CARD NUMBER | | | | |
| EXPIRATION DATE (MM/YY) | | CWV | | BILLING ZIP CODE |
| CARDHOLDER SIGNATURE | | | | |