

APPNA LIFETIME MEMBERSHIP INSTALLMENT PAYMENT AGREEMENT

LIFETIME MEMBERSHIP DUES	\$1,875 + 3% CREDIT/DEBIT CARD PROCESSING FEE		
PAYMENT PLAN <i>SELECT ONE</i>	<input type="checkbox"/> 3 MONTHS	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 9 MONTHS
SIGN UP DEADLINE	10/15/2018	07/15/2018	04/15/2018
PAYMENT #	3 MONTHS	6 MONTHS	9 MONTHS
1	\$625.00 + 3% cc fee	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
2	\$625.00 + 3% cc fee	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
3	\$625.00 + 3% cc fee	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
4	-	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
5	-	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
6	-	\$312.50 + 3% cc fee	\$208.33 + 3% cc fee
7	-	-	\$208.33 + 3% cc fee
8	-	-	\$208.33 + 3% cc fee
9	-	-	\$208.36 + 3% cc fee

ALL INVOICES ARE DUE 14 DAYS FROM DATE OF CREATION.

TERMS & CONDITIONS

This is to confirm the arrangement under which the Association of Physicians of Pakistani Descent of North America (APPNA) will accept payment of your Lifetime Membership dues in installment payments.

I understand that my membership status with APPNA will be that of an Annual Member, with all the benefits and eligibility requirements that the status affords, until my Lifetime Membership dues have been paid in full. Once paid in full, my status will be converted to Lifetime Member. I understand that I will not be able to use any benefits of APPNA Lifetime Membership until my payment plan is complete and the membership dues of \$1,875 (plus applicable fees) are paid in full.

I understand that failing to make all of my required payments will cause my membership status to expire at the end of the calendar year (December 31, 2018) and any payments I have already made will be forfeited to APPNA.

I understand that there are no refunds for any reason and this plan may not be cancelled at any time.

The undersigned hereby admits to the payments outlined above and having no rights of set off or counterclaim and accepts the above terms of payment.

DATE					
FIRST NAME		MIDDLE NAME		LAST NAME	
SIGNATURE					
EMAIL					
MOBILE PHONE					

SUBMISSION INSTRUCTIONS

VIA EMAIL	SUBJECT LINE: LIFETIME INSTALLMENT PAYMENT PLAN MEMBERSHIP@APPNA.ORG	VIA FAX	630.981.5229
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APPNA MEMBERSHIP APPLICATION

MEMBER INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
EMAIL				<input type="checkbox"/>	PLEASE PLACE ME ON THE NO EMAIL/NO MAIL LIST.
MOBILE PHONE				<input type="checkbox"/>	PLEASE PLACE ME ON THE NO CALL/NO FAX LIST.
HOME ADDRESS					
CITY				STATE	ZIP

EMPLOYMENT INFORMATION

BUSINESS/ORGANIZATION NAME					
ADDRESS					
CITY				STATE	ZIP

EDUCATION INFORMATION

MEDICAL COLLEGE		YEAR OF GRADUATION	
PRIMARY SPECIALTY			
SECONDARY SPECIALTY			

LICENSING INFORMATION

LICENSE NUMBER		EXPIRY DATE	
STATE OF LICENSURE	LICENSE TYPE	M.D.	D.O.
		D.D.S	D.M.D

PHYSICIANS WITHOUT LICENSE

DOCUMENTARY PROOF IS REQUIRED IF YOU DO NOT HOLD A MEDICAL LICENSE IN NORTH AMERICA.

PLEASE ATTACH ONE OF THE REQUIRED DOCUMENTS WITH YOUR APPLICATION.

THIS APPLIES TO ALL INDIVIDUALS WHO HAVE GRADUATED FROM AN ACCREDITED MEDICAL SCHOOL BUT ARE NOT WORKING AS PRACTICING LICENSED PHYSICIANS. *EX: PROFESSORS, ACADEMICS, RESEARCHERS, BUSINESS OWNERS, ETC.*

IF YOU ARE AN EMPLOYEE:	LETTER FROM EMPLOYER/INSTITUTION CONFIRMING POSITION TITLE AND JOB DUTIES.	IF YOU ARE A BUSINESS OWNER:	COPY OF ARTICLES OF INCORPORATION OF A HEALTH ENTERPRISE.
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DISCLOSURES

ALL MEMBERSHIPS ARE SUBJECT TO REVIEW/VERIFICATION BY APPNA STAFF AND MEMBERSHIP COMMITTEE.

IN ORDER TO BE ELIGIBLE TO VOTE IN THE 2018 ELECTION, DUES MUST BE PAID BY JULY 7, 2018. FOR ANNUAL MEMBERS, IN ADDITION TO 2018 DUES, THE DUES MUST HAVE BEEN PAID IN AT LEAST ONE (1) OF THE PREVIOUS TWO YEARS AS WELL (2016 AND/OR 2017).

ALL CREDIT/DEBIT CARD TRANSACTION CARRY AN ADDITIONAL 3% PROCESSING FEE.

APPNA MEMBERSHIP IS **NOT REFUNDABLE** FOR ANY REASON.

APPNA MEMBERSHIP IS **NOT TRANSFERABLE** TO ANY OTHER PERSON FOR ANY REASON.

SIGNATURE	DATE
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BY SIGNING ABOVE I ACKNOWLEDGE ALL DISCLOSURES AND RULES OF APPNA MEMBERSHIP.