

APPNA MEMBERSHIP APPLICATION										NEW MEMBERS	PLEASE COMPLETE ALL FIELDS	RENEWING MEMBERS	PLEASE COMPLETE ONLY THESE SECTIONS: MEMBER INFORMATION, SIGNATURES & PAYMENT INFORMATION	
SUBMIT VIA	EMAIL	FAX	MAIL	APPNA 6414 S. CASS AVE. WESTMONT, IL 60559										
MEMBER INFORMATION							DISCLOSURES, ACKNOWLEDGMENTS & RULES							
FIRST NAME		MIDDLE NAME		LAST NAME			ALL MEMBERSHIPS ARE SUBJECT TO REVIEW, VERIFICATION, AND FINAL APPROVAL BY APPNA STAFF AND MEMBERSHIP COMMITTEE.							
EMAIL				<input type="checkbox"/>	PLEASE PLACE ME ON THE NO EMAIL/NO MAIL LIST.		ALL CREDIT/DEBIT CARD TRANSACTION CARRY AN ADDITIONAL 3% PROCESSING FEE.							
MOBILE PHONE				<input type="checkbox"/>	PLEASE PLACE ME ON THE NO CALL/NO FAX LIST.		APPNA MEMBERSHIP IS NON REFUNDABLE FOR ANY REASON. APPNA MEMBERSHIP IS NON TRANSFERABLE TO ANY OTHER PERSON FOR ANY REASON.							
HOME ADDRESS							MISSING OR INACCURATE INFORMATION AND/OR DOCUMENTATION CAN DELAY THE MEMBERSHIP APPROVAL PROCESS AND IN RARE CASES ELIMINATE YOU FROM THE CURRENT YEAR'S VOTING ROLLS.							
CITY		STATE		ZIP			MEMBERSHIP YEAR SHALL BE FROM JANUARY 1 ST TO DECEMBER 31 ST OF ANY CALENDAR YEAR.							
EMPLOYMENT INFORMATION							ALL ANNUAL MEMBERSHIP TYPES EXPIRE ON DECEMBER 31 ST , REGARDLESS OF WHEN YOU BECAME A MEMBER.							
BUSINESS/ORGANIZATION NAME							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).							
ADDRESS														
CITY		STATE		ZIP										
EDUCATION INFORMATION							MANDATORY DECLARATION							
MEDICAL COLLEGE				YEAR OF GRADUATION			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.							
PRIMARY SPECIALTY							SIGNATURE				DATE			
SECONDARY SPECIALTY														
LICENSING INFORMATION							MEMBERSHIP TYPES		DUES EXEMPT STUDENT & PHYSICIAN IN TRAINING MEMBERSHIPS ARE AVAILABLE ONLINE ONLY AT WWW.APPNA.ORG					
LICENSE NUMBER				EXPIRY DATE			LIFETIME MEMBERSHIP VOTING	\$1,875.00	ANNUAL MEMBERSHIP VOTING ELIGIBLE	\$125.00				
STATE OF LICENSURE		LICENSE TYPE	M.D.	D.O.	D.D.S	D.M.D	AFFILIATE MEMBERSHIP NON-VOTING	\$62.50	ASSOCIATE MEMBERSHIP NON-VOTING	\$25.00				
PHYSICIANS WITHOUT LICENSE							PHYSICIAN IN TRAINING VOTING ELIGIBLE	\$125.00	EMERITUS NON-VOTING	DUES EXEMPT				
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: ACADEMICS, RESEARCHERS, BUSINESS OWNERS, ETC.							ALUMNI MEMBERSHIP***	ANNUAL	\$50.00	LIFETIME	\$500.00			
IF YOU ARE A 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.		*** AGA KHAN UNIVERSITY ALUMNI MUST PAY DUES DIRECTLY TO THE SCHOOL, DO NOT SEND PAYMENT FOR AKU TO APPNA. QUAID-E-AZAM MEDICAL COLLEGE DUES ARE \$25.00 AND \$250.00 FOR ANNUAL AND LIFETIME MEMBERSHIPS, RESPECTIVELY.							
PAYMENT							PAYMENT TYPE:		CREDIT CARD		CHECK MADE OUT TO "APPNA"		CHECK #	
APPNA MEMBERSHIP TOTAL		\$ _____			ALUMNI MEMBERSHIP TOTAL		\$ _____		GRAND TOTAL		\$ _____			
APPNA MEMBERSHIP TYPE							ALUMNI SCHOOL NAME							
CARD HOLDER NAME							CARD TYPE	MASTERCARD	VISA	AMERICAN EXPRESS	DISCOVER			
CARD NUMBER							EXPIRY DATE		CVV		BILLING ZIP CODE			
CARD HOLDER SIGNATURE							BY SIGNING I ACKNOWLEDGE ALL DISCLOSURES, RULES AND CHARGES STEMMING FROM APPNA MEMBERSHIP. I ACCEPT THE 3% PROCESSING FEE THAT WILL BE ADDED TO ALL CREDIT/DEBIT CARD TRANSACTIONS.							