2025 APPNA MEMBERSHIP APPLICATION

SUBMIT VIA:	EMAIL: MEMBERSHIP@APPNA.ORG	FAX: 630-981-5229	MAIL: APPNA MEMBERSHIP 6414 S CASS AVE WESTMONT, IL 60559	NEW MEMBERS: PLEASE COMPLETE **ALL** FIELDS	RENEWING MEMBERS: PLEASE COMPLETE MEMBER INFO, DECLARATION, & PAYMENT

MEMBER INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME

EMAIL ☐ PLEASE PLACE ME ON THE **NO CALL LIST**

PHONE ☐ PLEASE ADD ME TO THE **EBLAST EMAIL LIST**

CIRCLE ONE: CELL / HOME / OFFICE

ADDRESS

CIRCLE ONE: HOME / OFFICE

CITY | STATE | ZIP/ POSTAL CODE | COUNTRY

EMPLOYMENT INFORMATION

EMPLOYER

TITLE | CITY | STATE

EDUCATION INFORMATION

MEDICAL COLLEGE | GRADUATION YEAR

COUNTRY

SPECIALTY

MEDICAL LICENSE INFORMATION

LICENSE NUMBER | LICENSE STATE

MD | DO | DDS | DMD | EXPIRATION DATE

PAYMENT

MEMBERSHIP NAME: _____ **MEMBERSHIP TOTAL: $**_____

CHECK – MADE OUT TO "APPNA"

BANK: _____

CHECK #: _____

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION: _____/ _____ **CVV**: _____

BILLING ADDRESS
(IF DIFFERENT FROM ABOVE)

CITY | STATE | ZIP/ POSTAL CODE | COUNTRY

DISCLOSURES, ACKNOWLEDGMENTS & RULES

ALL ANNUAL-TYPE MEMBERSHIPS WILL EXPIRE ON DECEMBER 31, 2025, REGARDLESS OF WHEN MEMBERSHIP IS APPROVED.

ALL APPLICATIONS ARE SUBJECT TO REVIEW, VERIFICATION, AND FINAL APPROVAL BY APPNA MEMBERSHIP COORDINATOR AND APPNA MEMBERSHIP COMMITTEE.

INACCURATE INFORMATION, MISSING INFORMATION, AND/ OR DOCUMENTATION WILL DELAY THE MEMBERSHIP APPROVAL PROCESS.

APPNA MEMBERSHIP IS **NON-REFUNDABLE** FOR ANY REASON. APPNA MEMBERSHIP IS **NON-TRANSFERABLE** TO ANY OTHER PERSON FOR ANY REASON.

TO VOTE IN THE CURRENT YEAR'S ELECTION(S), DUES MUST BE PAID BY VOTING ELIGIBILITY DEADLINE ANNOUNCED BY NOMINATIONS & ELECTIONS COMMITTEE (NEC). SEE APPNA.ORG FOR DEADLINE.

MANDATORY DECLARATIONS

HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW AND/OR HAD YOU'RE YOUR PROFESSIONAL LICENSE SUSPENDED/REVOKED BY A LICENSING BODY?

☐ YES ☐ NO

☐ **I DECLARE THAT I READ AND 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.**

MEMBERSHIP TYPES & REQUIRED DOCUMENTATION

LIFETIME $1,350 (VOTING): **REDUCED FOR 2025.** *MUST INCLUDE MEDICAL LICENSE **OR** WRITTEN PROOF OF EMPLOYMENT IN ACADEMICS, RESEARCH, OR MANAGEMENT*

ANNUAL $90 (VOTING ELIGIBLE*): **REDUCED FOR 2025.** *MUST INCLUDE MEDICAL LICENSE **OR** WRITTEN PROOF OF EMPLOYMENT IN ACADEMICS, RESEARCH, OR MANAGEMENT*

AFFILIATE $62.50 (NON-VOTING): A PHYSICIAN OF *NON-PAKISTANI DESCENT - MUST INCLUDE MEDICAL LICENSE*

ASSOCIATE $25 (NON-VOTING): A NON-PHYSICIAN - *MUST INCLUDE WRITTEN PROOF OF EMPLOYMENT IN HUMAN SCIENCES OR HEALTHCARE*

PHYSICIAN-IN-TRAINING (NON- VOTING)**:** *MUST INCLUDE A CURRENT SIGNED CONTRACT LETTER (NO OFFER LETTERS)*

STUDENT (NON-VOTING): *MUST INCLUDE A CURRENT LETTER OF ENROLLMENT FROM A MEDICAL OR OSTEOPATHIC UNIVERSITY IN NORTH AMERICA*

EMERITUS (NON-VOTING): *A RETIRED PHYSICIAN - MUST BE A CURRENT MEMBER OF APPNA TO QUALIFY*

BY SIGNING I ACKNOWLEDGE ALL DISCLOSURES, RULES, AND CHARGES STEMMING FROM APPNA MEMBERSHIP. I ACCEPT THE 3% PROCESSING FEE ADDED TO MY CREDIT/ DEBIT CARD TRANSACTION.

CARD HOLDER SIGNATURE | **DATE**