

# APPNA MEMBERSHIP APPLICATION 2019

<b>SUBMIT VIA:</b>	<b>EMAIL:</b> MEMBERSHIP@APPNA.ORG	<b>FAX:</b> 630-981-5229	<b>MAIL:</b> APPNA 6414 S CASS AVE WESTMONT, IL 60559
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<b>NEW MEMBERS:</b>	PLEASE COMPLETE <u>ALL</u> FIELDS	<b>RENEWING MEMBERS:</b>	PLEASE COMPLETE MEMBER INFORMATION, SIGNATURES, AND PAYMENT INFORMATION	FOR APPNA OFFICE USE PROCESSED ON: ___/___/___
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MEMBER INFORMATION					
FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/>	PLEASE PLACE ME ON THE <b>NO EMAIL/ NO MAIL LIST.</b>	
EMAIL			<input type="checkbox"/>	PLEASE PLACE ME ON THE <b>NO CALL/ NO FAX LIST.</b>	
PHONE	CIRCLE ONE: CELL / HOME / OFFICE		<input type="checkbox"/>	PLEASE ADD ME TO THE <b>EBLAST EMAIL LIST.</b>	
ADDRESS	CIRCLE ONE: HOME / OFFICE		<input type="checkbox"/>		
CITY	STATE	ZIP			

DISCLOSURES, ACKNOWLEDGMENTS & RULES
ALL MEMBERSHIPS ARE SUBJECT TO REVIEW, VERIFICATION, AND FINAL APPROVAL BY APPNA MEMBERSHIP COORDINATOR AND APPNA MEMBERSHIP COMMITTEE.
ALL CREDIT/ DEBIT CARD TRANSACTIONS CARRY AN ADDITIONAL 3% PROCESSING FEE.
APPNA MEMBERSHIP IS <b>NON-REFUNDABLE</b> FOR ANY REASON. APPNA MEMBERSHIP IS <b>NON-TRANSFERABLE</b> TO ANY OTHER PERSON FOR ANY REASON.
MISSING/ INACCURATE INFORMATION AND/ OR DOCUMENTATION WILL DELAY MEMBERSHIP APPROVAL.
MEMBERSHIP YEAR SHALL BE FROM JANUARY 1 <sup>ST</sup> TO DECEMBER 31 <sup>ST</sup> OF ANY CALENDAR YEAR.

EMPLOYMENT INFORMATION					
BUSINESS NAME	OPTIONAL				
ADDRESS					
CITY	STATE	ZIP			

ALL ANNUAL MEMBERSHIP-TYPES EXPIRE ON DECEMBER 31<sup>ST</sup>.

**\*IN ORDER TO BE ELIGIBLE TO VOTE IN THE 2019 ELECTION, DUES MUST BE PAID BY JULY 7, 2019. FOR ANNUAL MEMBERS, IN ADDITION TO 2019 DUES, DUES MUST HAVE ALSO BEEN PAID IN AT LEAST ONE (1) OF THE PREVIOUS TWO (2) YEARS (2017 AND/ OR 2018).**

EDUCATION INFORMATION			
MEDICAL COLLEGE	YEAR OF GRADUATION		
SPECIALTY			

MANDATORY DECLARATION			
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.			
SIGNATURE			DATE

LICENSING INFORMATION						
LICENSE NUMBER	EXPIRATION DATE					
STATE OF LICENSE	LICENSE TYPE	MD	DO	DDS	DMD	

MEMBERSHIP TYPES	STUDENT & PHYSICIAN-IN-TRAINING (NON-VOTING) MEMBERSHIP APPLICATIONS MUST BE COMPLETED ONLINE AT APPNA.ORG		
LIFETIME MEMBERSHIP VOTING	\$1,875.00	ANNUAL MEMBERSHIP VOTING ELIGIBLE*	\$125.00
AFFILIATE MEMBERSHIP NON-VOTING	\$62.50	ASSOCIATE MEMBERSHIP NON-VOTING	\$25.00

PHYSICIANS WITHOUT A LICENSE			
<b>DOCUMENTARY PROOF IS REQUIRED IF YOU DO NOT HOLD A MEDICAL LICENSE IN NORTH AMERICA.</b>			
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.			

PHYSICIAN-IN-TRAINING VOTING ELIGIBLE*	\$125.00	EMERITUS NON-VOTING	DUES EXEMPT
ALUMNI MEMBERSHIP***	ANNUAL	\$50.00	LIFETIME \$500.00

<b>IF YOU ARE AN EMPLOYEE:</b>	LETTER FROM EMPLOYER/ COMPANY CONFIRMING POSITION TITLE, JOB DUTIES, AND CURRENT DATE.	<b>IF YOU ARE A BUSINESS OWNER:</b>	LETTER ON EMPLOYER/ COMPANY LETTERHEAD WITH POSITION TITLE AND DATE.
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\*\*\* QUAID-E-AZAM MEDICAL COLLEGE DUES ARE \$25.00 (ANNUAL) AND \$250.00 (LIFETIME) FOR MEMBERSHIP.

\*\*\* AGA KHAN UNIVERSITY ALUMNI MUST PAY DUES DIRECTLY TO THE SCHOOL.

PAYMENT INFORMATION			
CHECK – MADE OUT TO “APPNA”	CREDIT/ DEBIT CARD TYPE: _____		
NAME: _____	CARD HOLDER NAME: _____		
BANK NAME: _____	CARD NUMBER: _____		
CHECK #: _____	CARD EXPIRATION DATE: ____/____/____		
	CVV: _____	BILLING ZIP CODE: _____	

MEMBERSHIP TYPE: _____	MEMBERSHIP DUES: \$ _____
ALUMNI: _____	ALUMNI DUES: \$ _____
	TOTAL DUES: \$ _____

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.