

Indian American Medical Association of Illinois

Membership Application 2017

Applicant Information

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
IPSL #:		
Specialty:		

Joint Membership

Yes	No	Is Spouse MD?	Yes	No
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Joint Applicant Information

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
IPSL #:		
Specialty:		

Office Information (Medical School information if currently enrolled)

Company:		
Address:		
City:	State:	Zip Code:
Office Phone:	Fax:	
Email:		
Website:		
Specialty:		
Include in Internet IAMA Directory?	Yes	No
Include in Externetal IAMA Directory?	Yes	No

Joint Applicant Office Information (Medical School information if currently enrolled)

Company:		
Address:		
City:	State:	Zip Code:
Office Phone:	Fax:	
Email:		
Website:		
Specialty:		
Include in Internet IAMA Directory?	Yes	No
Include in Externetal IAMA Directory?	Yes	No

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Indian American Medical Association of Illinois

Membership Type		(Please check one)	
	Cost	Renewal	v
Life Member	\$500.00	Never	
Joint Life Member	\$750.00	Never	
Annual Member	\$100.00	Annual	
Young Physican w/in 5 yrs of Training Completion	\$0.00	Annual	
Resident / Student Member	\$0.00	Annual	
Organization Member (DDS, DC, DPM ...)	\$100.00	Annual	
Auxiliary Member (Non-Member Spouses) or Associate Member		\$0.00	Annual
Corporate Member	\$100.00	Annual	
Signatures			
Signature:		Date:	
Joint App. Signature:		Date:	
Office Use Only			
Received:		Approved:	
Payment Amount:		Payment Type/Reference:	