

Please fax the application to AAPI Office at (630) 990-2281



American Association of Physicians of Indian Origin

Executive Office: 600 Enterprise Drive Suite 108, Oak Brook, IL 60523

Telephone: (630) 990-2277, Fax: (630) 990-2281, www.aapiusa.org

AAPI Tax ID: 38-2532505

NOMINATION FORM FOR PATRON MEMBERSHIP

The American Association of Physicians of Indian Origin extends a one time opportunity to its Patron/Life members to nominate only one family member/friend as a new Patron Member at a onetime fee of **\$100**. The offer expires on **June 30, 2012**. Please fill in the application and fax/mail it to AAPI Office. This offer is extended **only** to the Patron/Life members as of October 30, 2009 **who did not utilize this opportunity earlier**.

NOMINATED MEMBER PERSONAL INFORMATION					
Last Name:		First Name:		Middle Initial:	
			Degree:	Other degrees: (DO, BDS, MBA, PhD etc):	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Private Practice <input type="checkbox"/>	Academics <input type="checkbox"/>	Industry <input type="checkbox"/>	Other(specify) _____
Primary Specialty:			Secondary Specialty:		
Current address:					
City:			State:	ZIP Code:	
Phone:		Fax:		Email:	
Medical/Dental School:					
Year of Graduation:		Residency Completion Year:		Fellowship Completion Year:	
NOMINATED BY					
Last Name:		First Name:		Middle Initial:	
AAPI Membership Number:					
Current address:					
City:		State:	ZIP Code:		
Phone:		Fax:		Email:	
Medical/Dental School:					
Private Practice <input type="checkbox"/>					
Academics <input type="checkbox"/>					
Retired <input type="checkbox"/>					
Other(specify) _____					
PAYMENT INFORMATION					
Visa <input type="checkbox"/>				American Express <input type="checkbox"/>	
Master Card <input type="checkbox"/>				Check <input type="checkbox"/>	
				Charge Amount: \$100.00	
Credit Card Number:				Exp Date:	Security Code:
Name of Cardholder:					
Credit Card billing address:					
City:			State:	ZIP Code:	
SIGNATURE					
I agree to pay the total amount according to card issuer agreement. All credit card transactions are processed in U.S. dollars and are subject to the current exchange rates. Membership dues may be tax deductible as an ordinary business expense. Consult your tax advisor. AAPI Tax ID # 38-2532505 .					
Signature of Applicant:				Date:	

Fax this filled in application back to AAPI at (630) 990-2281