



ALIGARH MEDICAL ALUMNI ASSOCIATION OF NORTH AMERICA (AMAANA)
MEMBERSHIP APPLICATION FORM

(PRINT ALL INFORMATION CLEARLY)

Applying for: Please put 'X':		<input type="checkbox"/> -Life Time Membership for Alumnus (\$500)
		<input type="checkbox"/> -General Membership (\$50/yr)
		<input type="checkbox"/> -Resident Member (\$25/yr)
		<input type="checkbox"/> -Associate Member - non-alumnus (\$25/yr)
Name:		
Home Address:		
Phone #:	Cell:	
	Home:	
	Office:	
Fax:		Email:
Employer:		
Specialty:		Type of Practice:
Batch Year:		Years Spent at JNMC:
Signature:		

For Office Use Only
Membership #:
Approved by (Full Name):
Signature:

Mail your membership form and check (Payable to **AMAANA**) to:
Dr. Syed Mohsin Alvi, Treasurer AMAANA; 24 Grand Hill Dr, Dover, MA 02030, USA
 Or email the form to 'amaana.jnmc@gmail.com' and pay via PayPal link on <http://www.amaanarus.org/>

All fees are non-refundable

JNMC alumni for Excellence in Medicine