



American Association of Physicians of Indian Origin

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

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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 one time fee of **\$100**. The application should reach AAPI office by **June 30, 2010**. Please fill in the application and fax/mail it to AAPI Office. You can sign in on AAPI website: www.aapiusa.org.

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"/>	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: