



THE ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

6414 S. Cass Avenue, Westmont, IL 60559
Phone: (630) 968-8585 | Fax: (630) 968-8677

APPNA ALLIANCE MEMBERSHIP 2019

* Alliance is for the APPNA members SPOUSE

Alliance Member Information:

APPNA #

Name: _____
Last First Middle

Address: _____
City State Zip

Mobile Phone: _____ Home Phone: _____

Office Phone: _____ Office Fax: _____

E-Mail: _____

APPNA Member Information:

APPNA Member's Name: _____

APPNA Membership ID#: _____

APPNA Membership Type: Annual Membership Lifetime Membership

ALLIANCE DUES: (January 1 – December 31, 2019)

Annual Membership Dues: \$ 25.00 \$ _____

Lifetime Membership Dues: \$ 250.00 \$ _____

PAYMENT OPTIONS:

(Please circle the appropriate method): **Check**     

Card Number: _____ Expiration Date: _____ CVC: _____

Signature: _____

Please make checks payable to APPNA Alliance

Mail or Fax with Full Payment to:

APPNA Alliance

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