



## 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**. Currently this offer is extended **ONLY TO RESIDENTS/FELLOWS & YOUNG PHYSICIANS**. The offer expires on **October 30, 2010**. Please fill in the application and fax/mail it to AAPI Office.

NOMINATED MEMBER PERSONAL INFORMATION					
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
			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					
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
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: <b>\$100.00</b>	
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. <b>AAPI Tax ID # 38-2532505</b> .					
Signature of Applicant:				Date:	