

# NAMA ANNUAL MEMBERSHIP APPLICATION



## PERSONAL INFORMATION

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Degree \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Home Fax \_\_\_\_\_  
Home E-mail \_\_\_\_\_  
Birth Date \_\_\_\_\_

## PROFESSIONAL INFORMATION

Company Name \_\_\_\_\_  
Title \_\_\_\_\_  
Office Address \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Office Fax \_\_\_\_\_  
Web Address \_\_\_\_\_  
Office E-mail \_\_\_\_\_  
Office Manager \_\_\_\_\_  
Board Certifications \_\_\_\_\_  
Practice Type (group) (solo) (teaching) (research) (administrative)

## DUES

(\$295.00 annually) (\$150.00 if you have previously attended a NAMA conference)

PAYMENT BY:  Visa  MasterCard  Amex  Check...Mail Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about NAMA Membership: (Search Engine) (colleague) (NAMA Representative) (Attended Conference) (Other \_\_\_\_\_)

NAMA is committed to making sure all members stay educated and informed about changes in medical education and health care delivery. We aim to keep the announcements sent very informative and infrequent. All members' information will be kept strictly confidential.

## National Association of Medical Advancement (NAMA)

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