

Allama Iqbal Medical College Alumni Association of North America

Membership Form

Date:		300
Name:		Can Can
Last,	First,	MI,
Graduation Year:		
Home Address:		0 9
City,	State,	Zip Code,
Work Address:		
City,	State,	Zip Code,
Phone: C, W,	Н,	F,
E-mail:		0 \$
Specialty:		
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AIMCAANA Dues	TO ALL	~E }
Annual membership	\$ 50 \$ 500 Tota	\$
Life membership	Tota	\$ l amount \$

Please mail membership form checks payable to AIMCAANA Dr Rizwan Akhtar 513 Farmington Ct Richmond, KY 40475

You can also e mail the form to webmasteraimcaana@gmail.com and pay online at www.aimcaana.org using secure pay pal account. Please select donate/pay online tab from side menu and select appropriate membership type