



Allama Iqbal Medical College Alumni Association of North America

Membership Form

Date:

Name:

Last, First, MI,

Graduation Year:

Home Address:

City, State, Zip Code,

Work Address:

City, State, Zip Code,

Phone:

C, W, H, F,

E-mail:

Specialty:

APPNA member Yes No Iqbaliansalumni Yahoo member Yes No

AIMCAANA Dues

Annual membership	\$ 50	\$-----
Life membership	\$ 500	\$-----
Total amount		\$-----

Please mail membership form checks payable to AIMCAANA

Dr. Asif Mahmood

11901 Ruby Ridge CT,
Woodbridge, VA 22192

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