

APNA Membership Form

Mailing Address: 1142 Wellesley Green, Tuscaloosa, AL 35406

Tel: 205-454-9462 OR 770-655-6139

Check payable to: APNA foundation

LIFE MEMBERSHIP

Note: If you are a physician you don't pay the money. Simply complete the form and submit for membership ☺. All Non physicians must pay \$100 towards membership fee.

FAMILY/LAST NAME: _____ PHONE NO.: _____

FIRST NAME: _____ SPOUSE NAME: _____

E-MAIL ADDRESS: _____ INTERESTED IN VOLUNTARY WORK: Y / N

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MEMBER OCCUPATION: _____ SKILLS/INTERESTS: _____

Email1 _____ Email2: _____

INFORMATION OF CHILDREN UNDER 18 YEARS OF AGE:

SRL.NO.	NAME	AGE	GENDER	SKILLS/INTERESTS
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Suggestions to APNA foundation	If you like to be part of APNAfoundation@yahoo.com please send email to brindurti@yahoo.com

MEMBERSHIP DUES: CHECK CASH
 MASTER CARD VISA
 CARD NUMBER _____ EXPIRATION DATE ___/___

LIFE MEMBERSHIP: LIFE MEMBER: \$100

You can hand it over the membership form to any APNA Executive Member OR mail to the address above OR bring it to any APNA event.

<http://www.APNAfoundation.org>