



In the name of Allah, Most Gracious, Most Merciful

A M P I

Organization of American Muslim Physicians of Indian origin to serve the Health care and Education in USA and India

2007 AMPI Membership Application

Last Name: _____ First Name: _____ Middle Initial: ___ [] M [] F
 Address: _____ [] Home [] Office
 City: _____ State: _____ Zip: _____ Email: _____
 Office Phone: _____ Home Phone: _____ Fax: _____
 Med School: _____ Year of Graduation: _____
 Specialty: _____ Indian Origin: City _____ State: _____

Is your spouse an MD? Y N If yes, would you like joint membership? Y N If so, complete the following:

Spouse's Information

Last Name: _____ First Name: _____ Middle Initial: ___ [] M [] F
 Address: _____ [] Home [] Office
 City: _____ State: _____ Zip: _____ Email: _____
 Office Phone: _____ Home Phone: _____ Fax: _____
 Med School: _____ year of Graduation: _____
 Specialty: _____ Indian Origin: City _____ State: _____

MEMBERSHIP CATEGORIES:

- \$1000 Founder Membership
- \$50 Annual Membership
- \$25 Young Physicians Membership (must be in 1st two years of practice – please circle which year you are in) 1 2
- \$750 Life Membership
- \$75 Joint Annual Membership

Dues Waived for the following categories:

Medical Student (Anticipated year of completion) _____

[] Resident or [] Fellow (Anticipated year of completion) _____ Specialty: _____

Temporary AMPI Office
 810 73rd Street
 Downers Grove, IL 60516 USA
 Phone 630 852-0520

AMPI Membership dues may be tax deductible as an ordinary business expense. Consult your tax advisor. IMEFNA: Indian Muslim Education Foundation of North America

Pay by Check, Payable to IMEFNA, please mail this application along with your check to:

American Muslim Physicians of Indian Origin
 810 73rd Street
 Downers Grove, IL 60516 USA