AUXILIARY TO THE NATIONAL MEDICAL ASSOCIATION, INC
FOUNDER: MRS. ALMA WELLS GIVENS
MEMBERSHIP APPLICATION

[Check One] Mr ( ) Mrs. ( ) Dr.( )

NAME: _____
LAST FIRST MI SPOUSE

ADDRESS: _____
CITY STATE ZIP

PHONE NO.: _____ FAX NO.:_____

EMAIL: _____

BUSINESS ADDRESS: _____
CITY STATE ZIP

LOCAL AUXILIARY AFFILIATION: _____ REGION: _____

STATE AUXILIARY AFFILIATION: _____

SPOUSE CONSTITUENT & COMPONENT SOCIETY: _____

SPECIAL SKILLS/INTERESTS: _____
_____
_____

I hereby apply for membership on the Auxiliary to the National Medical Association, Inc. and do hereby agree to abide by the laws governing this organization.

SIGNATURE: _____ DATE: _____

( ) DUES CHECK ENCLOSED: AMOUNT $_____ CHECK NO. _____
Please make check payable to ANMA, Inc.

( ) VISA ( ) MASTERCARD
If paying by credit card, please check Visa or MasterCard.

CREDIT CARD NO. _____ EXP DATE: _____

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE: _____
Please mail all forms and fees to:

Mrs. Laura H. Tompkins, Financial Secretary
1805 Gayfields Drive
Silver Spring, Maryland 20906
(301) 598-5211

Thank you for joining the Auxiliary to the National Medical Association, Inc.

Please print or type. Do not separate forms.