AUXILIARY TO THE NATIONAL MEDICAL ASSOCIATION, INC
INDIVIDUAL MEMBERSHIP
DUES STATEMENT

NAME: _____
LAST FIRST MI SPOUSE

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

AUXILIARY _____ REGION: _____

LOCAL OR STATE PRESIDENT: _____

I certify that I am a financial member in good standing with my local and state auxiliary where one exists.

_____
SIGNATURE

ANMA Life Members are exempt from paying dues, but pay convention registration fees. Check here if ANMA Life Member ( )

MEMBERSHIP FEES

Postmarked on or before February 1st		
Regular Member Dues	$100.00	_____
Resident/Interns Spouse Dues	$50.00	_____
Physician/Physician Dues	$50.00	_____
Postmarked after February 1st		
Regular Member Dues	$125.00	_____
Resident/Interns Spouse Dues	$60.00	_____
Physician/Physician Dues	$60.00	_____

CONVENTION REGISTRATION FEES

Postmarked on or before May 30th		
All Members	$75.00	_____
Postmarked after May 30th		
All Members	$125.00	_____
Guest Registration	$175.00	_____

ALMA WELLS GIVENS SCHOLARSHIP FUND

A 'TAX DEDUCTIBLE DONATION' is always appreciated and needed. Please check the appropriate donation category, and enclose the payment with your dues.
$25 ( ) $50 ( ) $75 ( ) $100+ ( )

Please make checks payable to ANMA, Inc

Check # _____ Date: _____ Total Enclosed: $_____

If paying by credit card, please check Visa or MasterCard
( ) VISA ( ) MASTERCARD
Credit Card No. _____; Exp Date_____
Anti Fraud ID Code Backside of Card _____
Name as it appears on the Card _____
Signature _____

Please mail all forms and fees to:
Laura H. Tompkins, Financial Secretary
1805 Gayfields Drive Silver Spring, MD 20906-1220
(301) 598-5211