

Today's date:_

NAAMA MEMBERSHIP APPLICATION- YEAR 2023

NATIONAL ARAB AMERICAN MEDICAL ASSOCIATION

QUESTIONS? Please call 248-646-3661 or e-mail naama@naama.com

2265 Livernois Rd., Ste. 720, Troy, MI 48083 P: 248.646.3661 - F: 248.457.5036 www.naama.com

Personal information				NAAMA Chapter:
Salutation: Mr. Mrs. Ms. Dr.				New member
First Name Last Name				Membership renewal
Title	Date of Birth			
Address				
City:	State:	Zip Code:		
Phone (Office)	(Cell)			
E-Mail			_	
Specialty			_	
Medical, Dental (or other) School				
Year of Graduation				Circle Observer
If Student or Resident: School name and loc	cation			Circle your Chapter
Declaration:				Arizona
☐ I affirm that I hold an active license or equivalent credentials to practice my specialty or am			am	Arkansas
a student in good standing.				Los Angeles
Declaration:				Central Florida (Orlando)
☐ I affirm that I have not been engaged in any unprofessional, unethical or illegal activities and there are no disciplinary actions that I know of that are pending against me.				Central Ohio (Columbus)
				Georgia
				Houston
Payment Details				Illinois
Membership Category- check one				Jacksonville (Florida)
☐ Lifetime Membership \$6000.00 ☐ Active (Medical Doctor/ Dentistry/ Pharmacy/ Scientist) \$225.00				Kansas
☐ Active (Nursing/ Allied health/ Physician assistant, Public and mental health professionals) \$175.00				Maryland
Retired: \$175.00 Auxiliary- Spouse/ Friend of NAAMA: \$175.00				Michigan
Student/ Resident: \$15.00. (No Chapter fee)				Nevada
All Chapter Dues: \$75 (If no active chapter in your area then \$0)				New England
				New Jersey
A. Total Membership Dues	\$			New York
(membership category + chapter dues)				North Carolina
B. Donation to NAAMA Foundation	\$			North Texas (Dallas)
TOTAL PAYMENT ENCLOSED (A + B)	\$			Northwest Ohio (Toledo)
Please Make Checks Payable to: NAAMA				Ohio (Cleveland) Oklahoma
				Pittsburgh
				San Diego
Payment method: check VISA Mastercard American Express				St. Louis
				Upstate New York
Card no	Exp. date (m/v)	CVV numb	her:	Washington, D.C.
	Exp. dato (III/y/			SW Ohio (Dayton/Cincinnati)
Print Card-holder Name:			-	